

November 1954

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# Medical Economics



How They're  
Insuring Major  
Medical Expenses

# The long and short of Bentyl's relief of nervous gut

Clinicians<sup>1,2</sup> prove Bentyl is long  
on effective relief... short on  
unwanted side effects including  
blurred vision and dry mouth.

1. McHardy and Browne: *Sou. Med. J.* 45:1130, 1952. 2. Larber  
and Shay: *Fed. Proc.* 12:90, 1953.

Complete Bentyl bibliography on request.

## BENTYL

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### Rx INFORMATION

#### BENTYL

Bentyl affords direct (musculotropic) and indirect (neurotropic) spasmolytic action. Bentyl provides complete and comfortable relief in smooth muscle spasm, particularly in functional G.I. disorders, in irritable colon, pylorospasm, biliary tract dysfunction and spastic constipation.

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**Dosage:** Adults—2 capsules or 2 teaspoonfuls of syrup, three times daily, before or after meals. If necessary, repeat dose at bedtime. In Infant Colic— $\frac{1}{2}$  to 1 tea-

spoonful, ten to fifteen minutes before feeding.

**Supplied:** Bentyl—In bottles of 100 and 500 blue capsules, and Bentyl Syrup in pint and gallon bottles. Bentyl with Phenobarbital—In bottles of 100 and 500 blue-and-white capsules, and Bentyl Syrup in pint and gallon bottles.

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November 1954

# Medical Economics

AN INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS

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Rutherford, N.J.

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# Panorama

New kind of blood program • Underprivileged area gets M.D. • Medical philanthropies collect \$1 billion • Fire insurance rates go down • Rise in individual incomes • Industrial medicine courses catch on

## How Research Pays

For the second straight year, Congress has given an unexpected boost to Federally sponsored medical research. In 1953, the lawmakers earmarked \$71 million for such projects—although the President had asked for only \$56 million. And this year they've raised the appropriation to \$81 million.

What's behind this Congressional openhandedness? Dr. Howard A. Rusk thinks he has the answer. The lawmakers, says the medical columnist of the New York Times, have learned that medical research in this country is worth every cent it costs—and far more. He cites the following statistical evidence to show that they're right:

"Between 1944 and 1952, medical research and improved medical education . . . reduced the death rate from all causes by 9.4 per cent . . . [and] the lives of 845,014 Americans have been saved."

As a result, he points out, the national income was up \$1.5 billion

"in 1952 alone." And the Federal Government "profited by \$234 million in income and excise tax receipts."

## Another Gain for D.O.s

Osteopaths in Missouri have won a long-sought-after victory: recognition by the state's Blue Cross organization. The plan's by-laws have been amended to permit full payment of benefits for (1) patients in osteopathic hospitals that are accredited by the Blue Cross board of trustees; and (2) patients under the care of D.O.s attached to tax-supported hospitals.

## Too Few Military M.D.s?

A recent Defense Department order cutting the doctor-troop ratio from four per thousand down to three per thousand may mean that *you* won't be needed. But it may also mean that if you *are* called, you'll have to work harder than service doctors used to. Here's what's now happen-

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Source:

ing in the armed forces, according to an Associated Press report:

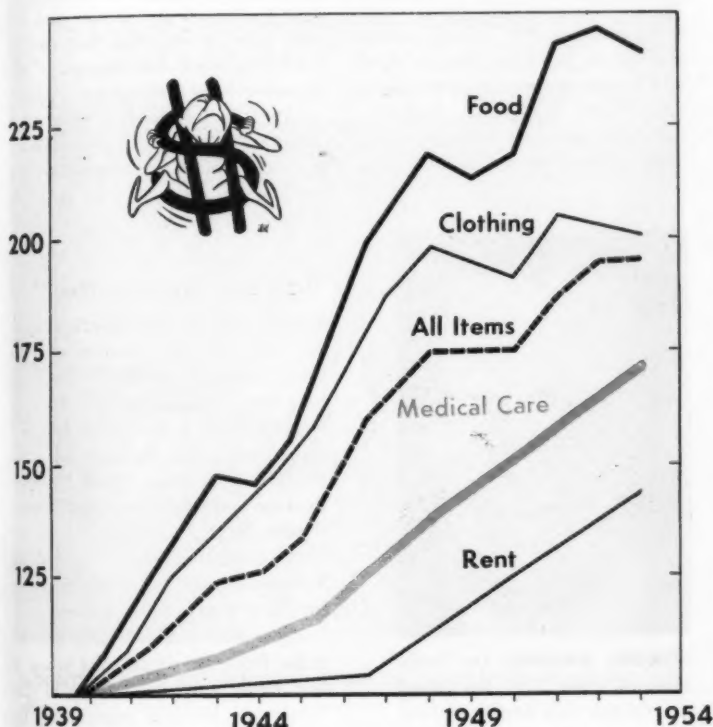
¶ In the Navy, the pinch has become so acute that ships' medical officers are frequently ordered to

duty on overworked base hospital staffs the instant their ships reach port.

¶ In all the services, week-end and night work has become a matter

## How Consumer Prices Have Climbed

(Price index: 1939=100)



Source: U. S. Department of Labor

of course. In a large naval hospital in San Diego, Calif., for instance, doctors have been averaging a sixty-eight hour week.

¶ And, at some installations, the doctor shortage has forced a sharp reduction in the traditional free care of service dependents.

### New Way to Draw Blood

If you're having trouble getting blood donors in your town, here's an idea: Utica, N.Y., allows parking violators to pay their fines in blood. The plan was devised by Dr. Irwin Alper, local Red Cross chairman; and it seems to be working with a remarkable degree of success.



**DONORS GALORE!** Dr. Irwin Alper of Utica, N.Y., has talked city officials into letting parking violators pay fines in blood.

First, the doctor succeeded in talking Utica's public safety commissioner into trying his blood-fine system for a two-week period. The pilot program worked out well: Eighty violators preferred to part with their blood rather than with their money. So it was decided to continue the system indefinitely.

Dr. Alper explains that the plan works on a strict one-to-one correlation: One pint of blood for one ticket. And he points out that the only type of violation that can be fixed by a blood donation is the "stationary" kind (overtime parking, parking in a restricted zone, etc.). "As a matter of public safety," he explains, "we wouldn't attempt to fix a moving violation such as speeding or reckless driving."

### M.D. for Tobacco Road

Despite the doctor shortage, most rural communities manage to solve their medical problems. But not long ago, Tennessee physicians learned of an area in their state that was so neglected that—to quote one medical man—they "turned red in the face with embarrassment." Now, thanks largely to their efforts, the backwoods families of Clear Fork Valley are getting good medical care for the first time in their lives.

Clear Fork Valley is only seventy miles from Knoxville. Yet when it first came to the attention of the Tennessee Medical Association, its 4,000 inhabitants (most of whom

scratch a living from the area's mines) existed in a state of almost medieval squalor. There wasn't a hospital or a qualified M.D. in the area.

To clear up the situation—and eventually to help other needy areas—the medical association has creat-

ed a special foundation. Supported largely by Tennessee physicians themselves, the foundation has already launched a self-help medical care program for Clear Fork Valley.

It has built and equipped a clinic (opened last August). And it has procured a full-time physician for



**MOUNTAIN FOLK GET MEDICAL CARE:** Dr. David Meek, shown here with wife and baby, is the first M.D. ever for Clear Fork Valley, Tenn. His clinic was built through the efforts of the state medical association.

the valley: Dr. David C. Meek, a recent honor graduate from the state medical school. Dr. Meek will be paid a salary by the foundation; the fees he collects will help replenish the foundation's coffers.

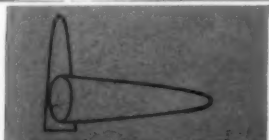
He has his work cut out for him. The disease and infant mortality rates in Clear Fork Valley are just about the highest in the state. But he won't have to do the job alone. The medical society has arranged for monthly visits to his clinic by specialists of every kind.

Says Dr. B. M. Overholt, who heads the foundation's committee on medical care: "The Tennessee Medical Association has accepted the fundamental philosophy that organized medicine can, and should,

assume an active role in the medical affairs of local communities . . . and insure the provision of good medical care to the people." He and his colleagues feel that the work now being done in Clear Fork Valley may set a pattern not merely for Tennessee, but for the entire nation.

## \$1 Billion for Health

How much are medical philanthropies collecting these days? According to the latest figures, health and welfare causes received some 25 per cent of the \$4.5 billion donated to charity last year. (The only cause that did even better was religion, which garnered 50 per cent of all contributed funds.) [MORE→



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## PANORAMA

Following are the top twelve money-getters in the medical field, with receipts listed for the last calendar or fiscal year:

	Million
National Foundation for Infantile Paralysis . . . . .	\$51.5
National Tuberculosis Association . . . . .	23.9
American Cancer Society . . .	19.8
American Heart Association .	10.5
National Society for Crippled Children and Adults . . . . .	7.8
United Cerebral Palsy . . . . .	6.4
Muscular Dystrophy Associations . . . . .	4.0
Sister Elizabeth Kenny Foundation . . . . .	3.4
National Fund for Medical Education . . . . .	2.5
Arthritis and Rheumatism Foundation . . . . .	1.4
Damon Runyon Memorial Fund for Cancer Research. .	1.2
Planned Parenthood Foundation of America . . . . .	1.1

## Cheaper Fire Insurance

Chances are, you'll soon be paying less for the fire insurance on your home. Premiums have already been cut in some sections of the country. In California, for example, the Insurance Company of North America has slashed its rates on residential buildings by one-fifth; and an industry-wide reduction of up to 25 per cent was recently put into effect in New York State.

One remaining stumbling block

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2/2022M

## PANORAMA

to individual reductions in some states is the opposition of insurance rating organizations. These agencies—to whose services most fire insurance carriers subscribe—claim that rate reductions should come about only by consent of *all* companies.

But such opposition may soon collapse in several areas. It's probable that the trend set by the move in New York will be hard to stop.

### \$7 Million for Schools

The National Fund for Medical Education has distributed \$7 million among the nation's medical schools since 1951, says S. Sloan Colt, fund president. In 1954, for the first time, total contributions in a single year will exceed \$2 million.

Roughly half of the 1954 total will have come from industry (\$50,000 from United States Steel alone). The balance, of course, comes from the nation's physicians.

"The total still falls far short of the schools' annual need of \$10 million," Colt points out. But he believes that present contributions "have an importance far exceeding their dollar value. The unrestricted nature of the fund's grants makes it possible for the schools to . . . use this money where it is most helpful."

### 'Health Insurance Story'

Of the 100 million Americans who now have health insurance, more than half are covered by commercial

## Rx INFORMATION

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for safe, gradual, prolonged vasodilation

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for the nervous hypertensive

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for protection in capillary fragility

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with alkaverin . . . . . 1 mg.

(alkaloidal fraction of Yarrowia viridis, standardized for hypotensive activity)

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carriers. So says the Health Insurance Council, which represents more than 200 such companies. The Council has just issued an eighty-four-page booklet, "The Health Insurance Story." Designed as a "comprehensive statement of policy, purpose, and practice," the booklet tries to answer the unspoken questions in many a doctor's mind.\* For example:

*Why do so many insurance companies prefer "cancellable" policies? Because with this type of coverage—which can be terminated by either party at the end of any policy year—*

*"One such question—"What are the companies doing about the problem of major medical expenses?"—is answered in full detail in this issue of MEDICAL ECONOMICS. See "How They're Insuring Those Major Medical Expenses," page 97.*

the company is apparently better able to evaluate risks. The Council points out that in this way premiums can be kept lower; and, in addition, that the company's right to cancel is very rarely exercised. "During a recent year, says the booklet, "only four-tenths of one per cent of the cancellable policies in force were cancelled by action of the issuing companies."

*What about "fine print" clauses?* Any criticism of policies on this ground, says the Council, is "unwarranted." It points out that "under legislation sponsored jointly by the National Association of Insurance Commissioners and the companies, no policy may give more prominence to the positive benefits

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## You can prevent attacks in angina pectoris

### Prolonged prophylaxis

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1. Russek, H. I.; Urbach, K. F.; Doerner, A. A., and Zohman, B. L.: J.A.M.A. 153:207 (Sept. 19) 1953. 2. Winsor, T., and Humphreys, P.: Angiology 3:1 (Feb.) 1952. 3. Plotz, M.: New York State J. Med. 52:2012 (Aug. 15) 1952.

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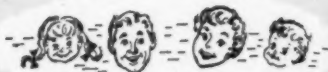
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Patients will be delighted



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that "hang on"

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provisions than to . . . safeguards or limitations." As a result, the booklet insists, "the entire policy" is printed in such a way that it's "more readable than . . . the average newspaper or popular magazine."

*Why don't policies cover minor ills?* Because health insurance is "of greatest value . . . when the risk insured against is a very serious one and when its occurrence is unpredictable." Thus, the Council booklet points out, "there is but little more reason to seek to insure against minor, recurring health outlays than to seek to insure against one's grocery bills."

*Why don't policies cover preventive care—i.e., pay for periodic physical examinations, immunizations,*

*etc.?* Because insurance is based on "risk-sharing"—and there's "no hazard or risk involved" in paying for such services.

*Why so much emphasis on cash benefits?* Because "the idea of collecting cash from an insurance company and disbursing it for services as one sees fit is widely attractive to many people." Medical men and hospitals also gain under a cash system, according to the Council: "The physician or hospital does not become the ultimate insurer or reinsurer, as . . . in 'service benefit plans.'" Cash-benefit contracts, it says, "enhance the likelihood that [the doctor] will receive 100 cents on the dollar for the services rendered."

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1. Cass, L. J. and Frederik, W. S.: Malt Soup Extract as a Bowel Content Modifier in Geriatric Constipation. *Journal-Lancet*, 73:414 (Oct.) 1953.

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- Permits dosage control to eliminate possibility of side effects
- Esthetically acceptable to both male and female patients

Shapiro<sup>1</sup> reports excellent results in 70 per cent of patients of both sexes treated with "Premarin" Lotion for refractory chronic acne of the scarring type. This worker<sup>2</sup> also reports control of scaling, itching of the scalp, and progressive hairfall particularly about the vertex in both men and women treated with "Premarin" Lotion.

SUPPLIED: No. 875 — Bottles of 60 cc. Each cc. contains 1 mg. of estrogens in their naturally occurring, water-soluble conjugated form expressed as sodium estrone sulfate. For convenience of administration, the bottle closure incorporates a specially designed applicator.

*Literature available on request.*

1. Shapiro, I.: Postgrad. Med. 15:503 (June) 1954.

2. Shapiro, I.: J.M. Soc. New Jersey 50:17 (Jan.) 1953.



AYERST LABORATORIES • NEW YORK, N. Y. • MONTREAL, CANADA

5451

19

# HIGHER

Each enteric-coated tablet contains:  
 Sodium Salicylate (5 gr.) . . . 0.3 Gm.  
 Sodium Para-aminobenzoate (5 gr.) . . . 0.3 Gm.  
 Ascorbic Acid (50 mg.) . . . 0.05 Gm.  
 Average adult dose, 2 tablets 4 times daily. Dosage may be increased considerably in acute conditions. Children's dose in proportion to age.  
 Supplied in bottles of 100.

- Higher and more prolonged plasma salicylate levels permit use of smaller doses.
- Higher vitamin C potency (50 mg. per tablet)—no salicylate preparation with higher potency.
- Greater safety for prolonged salicylate therapy.
- More effective therapeutic results.

# Armyl

# BETTER



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- Protects against vitamin C depletion owing to urinary loss.
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- Vitamin C content helps to raise therapeutic salicylate blood levels.
- Smaller dosage.
- Greater pain relief than from salicylates alone.
- Special coating prevents local gastric irritation.

## PANORAMA

Why do insurance men caution against switching companies? For three main reasons:

1. Because health insurance policyholders who change companies "may again be required to pass through a period during which the initial benefit restrictions of a new policy . . . apply";

2. Because "under the new insurance, some illnesses might properly be attributed to pre-existing conditions," with a resulting loss to the subscriber; and

3. Because switching policies increases the administrative expenses of the companies. "And the more that any insuring organization must spend on such expenses," says the booklet, "the less it will have available for benefits to policyholders."

## We're Getting Richer

Latest income figures indicate that Americans were better off in 1953 than ever before. Their average per capita income (before taxes), according to a Department of Commerce report, was \$1,709. This record sum represents a rise of some 4 per cent over the previous high of \$1,644. (Individual incomes for the first six months of 1954, says the report, dropped only 2 per cent below the corresponding figures for last year—hardly the sign of a severe recession.)

As you'd expect, per capita incomes vary considerably from state to state. In 1953, they ranged all the

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Highest Output of  
Steam per hour*



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**DeVilbiss Vaporizer No. 149**

By all standards of judgment, the finest vaporizer you can recommend to your patients is the DeVilbiss No. 149. Of particular importance is the fact that the DeVilbiss No. 149 converts 8 to 10 ozs. of water into vapor each hour.

Has automatic safety shut-off. Operates 8 to 10 hours without refilling. Vaporizer bears the seal of the Underwriters' Laboratories and the Good Housekeeping Seal of Approval. Easy to care for and covered by complete service policy. You can recommend the DeVilbiss Vaporizer No. 149 to your patients with complete confidence. \$15.00. The DeVilbiss Company, Somerset, Pa., and Barrie, Ontario.

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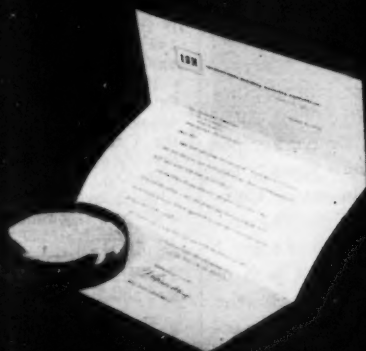
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## Combination tranquilizer-antihypertensive

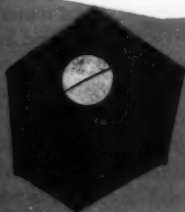
*especially for  
moderate and severe  
essential hypertension . . .*

T.M.

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- The tranquilizing, bradycrotic and mild antihypertensive effects of Serpasil, a pure crystalline alkaloid of rauwolfia root.
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*Each tablet (scored) contains 0.2 mg. of Serpasil and 50 mg. of Apresoline hydrochloride.*

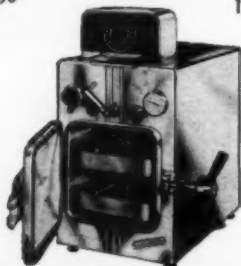
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A quality product that assures  
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## PANORAMA

way from \$2,304 (for Delaware),  
down to \$834 (for Mississippi).  
Here are the figures for the top  
twelve areas:

Delaware .....	\$2,304
Connecticut .....	2,194
Nevada .....	2,175
New York .....	2,158
District of Columbia ..	2,109
New Jersey .....	2,095
Illinois .....	2,088
California .....	2,039
Ohio .....	2,012
Michigan .....	2,003
Washington .....	1,882
Maryland .....	1,857

## More Industrial Courses

Fresh evidence that tomorrow's doc-  
tor will be better versed in industrial  
medicine comes from a recent study  
by the Industrial Medical Associa-  
tion.

It indicates that four medical  
schools out of every five now include  
industrial medicine somewhere in  
their curriculum—and that nearly all  
such schools make the course man-  
datory.

Some other facts revealed by the  
survey:

¶ The instructors are usually spe-  
cialists in industrial medicine. Many  
of these men come from industry,  
government, and insurance compa-  
nies.

¶ Almost all the schools giving  
such courses supplement classroom  
lectures with field trips, seminars,  
and demonstrations.

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each fluidoz  
Iron Pantoic  
..... 420 mg  
Casp. in elem  
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..... 150 mg  
Diamine Hyd  
..... 10 mg  
Biotin.....  
..... 10 mg  
Vitamin B 12  
..... 20 mc  
Diacinamide  
..... 50 mg  
Pyridoxine Hy  
..... 1 mg  
Pantoic Acid  
..... 5 mg  
Liver Fraction  
..... 2 Gm.  
Rice Bran Extr  
..... 1 Gm.  
Inositol.....  
..... 30 mg  
Choline.....  
..... 60 mg  
LIVITAMIN®  
INTRINSIC F  
each capsule  
Desiccated Liv  
..... 450 mg  
Vitamin B 12  
..... 100 mg  
Casp. in 25 mg  
Diamine Hydro  
..... 3 mg  
Biotin.....  
..... 3 mg  
Diacinamide  
..... 10 mg  
Vitamin B 12  
..... 5 mcg  
Pyridoxine Hydro  
..... 0.5 mg  
Sodium Pantoic  
..... 2 mg  
Folic Acid.....  
..... 1 mg  
Intrinsic Factor  
..... 1/6 Unit

B.E. MAB

LI



# LIVITAMIN<sup>®</sup>

## debilitating syndrome

ANEMIA is usually a symptom, but present also are anorexia, anoxia, hypothermia, hypotonia and poor utilization. Often a finicky diet will aggravate the general asthenia.

## ... SYNDROME THERAPY IS LOGICAL ...

Fortified Iron therapy in the Livitamin formula treats the entire syndrome. Improved appetite and blood picture, better digestion and anabolism are part of the corrective process.

## LIVITAMIN with INTRINSIC FACTOR

The pernicious anemia patient and many aging people are deficient in intrinsic factor. For these patients, special Livitamin Capsules have been fortified with adequate intrinsic factor, USP, to help provide full utilization of the antianemic factors in the Livitamin formula.

## THE RECONSTRUCTIVE IRON TONIC OF WIDE APPLICATION

LIVITAMIN<sup>®</sup> with IRON  
each fluidounce contains:

Iron Peptonized.....	420 mg.
(Folic in elemental iron to 70 mg.)	
Bergamote Citrate, Soluble..	150 mg.
Thiamine Hydrochloride.....	10 mg.
Riboflavin.....	10 mg.
Vitamin B 12 (Crystalline)....	20 mcgm.
Cyanamide.....	50 mg.
Pyridoxine Hydrochloride.....	1 mg.
Pyrothanic Acid.....	5 mg.
Liver Fraction I.....	2 Gm.
Hot Bran Extract.....	1 Gm.
Inositol.....	30 mg.
Choline.....	60 mg.

LIVITAMIN<sup>®</sup> CAPSULES with  
INTRINSIC FACTOR  
each capsule contains:

Dehydrated Liver.....	450 mg.
Ferrous Sulfate.....	120 mg.
Gm to 25 mg. of elemental iron)	
Thiamine Hydrochloride.....	3 mg.
Riboflavin.....	3 mg.
Cyanamide.....	10 mg.
Vitamin B 12.....	5 mcgm.
Pyridoxine Hydrochloride.....	0.5 mg.
Cocaine Pantothenate.....	2 mg.
Folic Acid.....	1 mg.
Intrinsic Factor USP.....	1/4 Unit

R.E. MASSENGILL



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geriatrics

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## The Exclusive *Ritter* UNIVERSAL TABLE



In Pediatric work, infant is securely cradled on table.



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... is the answer to all your positioning requirements. You and your patients will appreciate the extreme low position of 26½" ... eliminates "climbing up" ... especially for aged or ailing patients. The 44½" maximum height lets you examine your patients at the "working level" most convenient for you in any of 12 basic positions. Full 180° table rotation.

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for new, safe,  
nausea-free,  
vomiting-free  
comfort in pregnancy

*prescribe* **Bonadoxin\***  
BRAND OF MECLIZINE HCl, PYRIDOXINE HCl  
*tablets*

*New combination attacks nausea and vomiting of pregnancy on two planes:*

**The Symptomatic Plane**—Bonadoxin contains meclizine—the safe, longer-acting antiemetic with highly specific vestibular effects.

**The Metabolic Plane**—Bonadoxin contains pyridoxine—the enzyme-essential vitamin for which requirements are markedly increased during the first trimester. Its presence in high dosage helps restore proper carbohydrate metabolism, glycogen storage and hepatic function, thus correcting physiological derangements associated with "morning sickness."

**Clinical results:** Abolished vomiting in 40 of 41 gravid women, eliminated nausea in 30 of 41. Less than 3% side effects. **Dosage:** 1 or 2 tablets, at bedtime. Larger doses if necessary. **Supplied:** Bottles of 25, prescription only. Each Bonadoxin Tablet contains 25 mg. meclizine hydrochloride, 50 mg. pyridoxine hydrochloride.

*L. Garrett, T. A.: Personal communication.*

\*TRADEMARK



**Ethical Pharmaceuticals for Needs Basic to Medicine**  
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Who OB needs a nutritional buildup? Prescribe **OBRON\***—calcium, iron,  
plus 8 vitamins, 8 other important minerals.



**Each tablet contains:**  
 Pamabrom..... 50 mg.  
 Acetophenetidin..... 100 mg.  
**Dose:** One tablet q.i.d. starting  
 5 days before expected onset of  
 menses.

**Women's Tension Symptoms  
Are Different!**

## THE CALENDAR HOLDS THE KEY...

In tension-anxiety states consider premenstrual tension . . . when headaches, nausea, irritability, insomnia and edema appear regularly before menstruation. These symptoms are due to excess fluid balance. M-Minus 5 prevents premenstrual tension by reducing excess fluid accumulation . . . effectively controlled in 82% of cases. (1) By preventing uterine engorgement, M-Minus 5 reduces the stimulus to uterine spasm and controls dysmenorrhea. M-Minus 5 is not a hormone, narcotic or sedative and does not interfere with the normal menstrual cycle.

1. Vainder, M.: Indus. M. & S., 22:183, 1933

# M-Minus 5

Premenstrual Diuretic and Analgesic for  
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Capsules and  
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Also Ertron s-m  
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## IN ARTHRITIS...

Ertron is the systemic therapy of choice for prolonged, sustained improvement. Proved in over fifteen years of extensive use with many dramatic results.

Of 180 arthritic patients, 91.8% showed varying degrees of improvement, maintaining improved status without further medication.<sup>1</sup>

<sup>1</sup>Magnuson, P. B. et al: J. Mich. State Med. Soc. 46:71

# ERTRON<sup>®</sup> STEROID COMPLEX WHITTIER

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use FURADANTIN first...

IN URINARY

TRACT INFECTIONS

for rapid clearing  
of the  
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**In 30 minutes:** antibacterial concentrations in the urine

**In 24 hours:** the urine is frequently clear

**In 3 to 5 days:** complete clearing of pus cells from the urine

**In 7 days:** sterilization of the urine in the majority of cases

With Furadantin there is no proctitis, pruritus ani, or crystalluria.

Average adult dosage: Four 100 mg. tablets daily, taken with meals and with food or milk before retiring.

50 and 100 mg. tablets.

Oral Suspension, 5 mg. per cc.

**EATON LABORATORIES**  
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**FURADANTIN®**

brand of nitrofurantoin, Eaton

For the well-being  
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## TAMPAX

intravaginal protection  
during menstruation.  
*Three absorbencies.*

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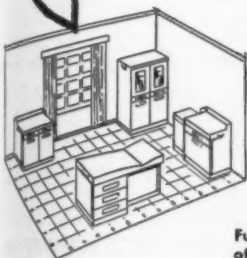
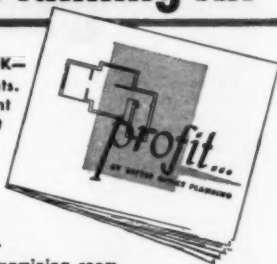
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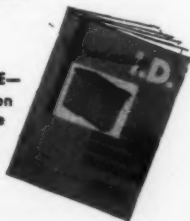


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He will be happy to furnish you with your  
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You can't always tell  
a book by its cover

**But you can**

**tell an electrocardiograph**

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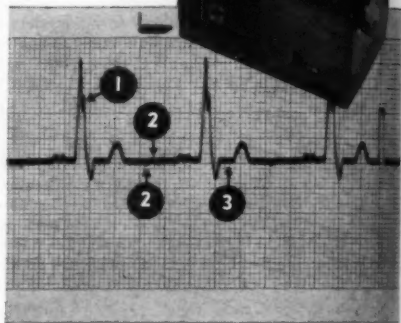
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*The most modern  
Broad-Spectrum Antibiotic*



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the only tetracycline produced directly by fermentation from a new species of *Streptomyces* isolated by Bristol Laboratories...rather than by the chemical modification of older broad-spectrum antibiotics.

**effective in broad range**  
against gram-positive and gram-negative organisms.

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(lower incidence of side reactions)  
than older broad-spectrum antibiotics.

**more soluble**  
than chlorotetracycline (quicker absorption, wider diffusion).

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(higher, more sustained, blood levels).

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## POLYCYCLINE SUSPENSION '250'

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—the **ONLY** oral suspension of tetracycline that is **ready-to-use**. Requires no reconstitution, no addition of diluent, **no refrigeration**—stable at room temperature for 18 months. Has appealing "crushed-fruit" flavor. Supplied in bottles of 30 cc., in concentration of 250 mg. per 5 cc.

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## POLYCYCLINE CAPSULES

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- 100 mg., bottles of 25 and 100.
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**Dosage:**  
average adult,  
1 gram daily, divided dosing;  
children in proportion  
to body weight.



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Thank you doctor for telling mother about...

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antacids  
neutralize  
acidity but  
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**AL-CAROID**  
neutralizes  
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\*"Caroid"® is a potent proteolytic enzyme from the tropical tree, *Carica Papaya*. It offers added benefits over animal enzymes or ferments because "Caroid" functions in acid as well as alkaline media.

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Al-Caroid contains effective antacid ingredients, *plus* the potent proteolytic enzyme, "Caroid."\*

Al-Caroid relieves gastric acidity promptly without retarding gastric digestion.

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**TABLETS** in bottles of 20, 50, 100, 500 and 1000

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POWDER OR TABLETS

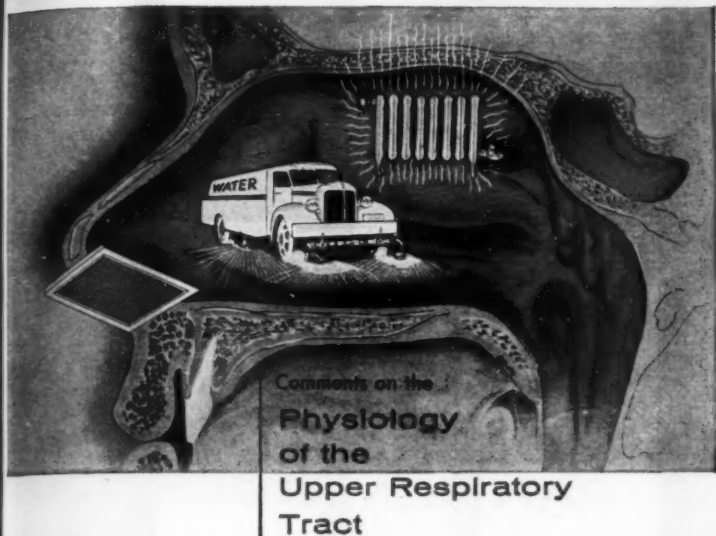
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## THE NASAL CAVITY:

The main functions of the nasal cavity are conditioning and exchanging air between the atmosphere and the lungs, as well as smelling. Gross impurities are removed by the fine nostril hairs, and finer impurities are enveloped in the mucous secretion of the intranasal lining and carried away by ciliary action. The air is warmed to a degree approaching body temperature and humidified. About 500 cc. of air are taken in during an ordinary inspiration, totaling 12,000,000 cc. daily.

**In the common cold . . .** when hypersecretion and mucosal swelling interfere with the normal aeration pattern, when abnormal mouth breathing is resorted to as a distress measure, relief can be obtained promptly with topical application of Neo-Synephrine hydrochloride. This potent vasoconstrictor is usually well tolerated — produces practically no sting or irritation on application to mucous membranes — even in infants.

## NEO-SYNEPHRINE® hydrochloride



**Winthrop-Stearns, Inc.**  
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0.25% Solution  
0.5% Solution  
0.25% Solution (Aromatic)  
1% Solution  
0.5% Jelly  
0.25% Emulsion

**Nasal Spray**  
*Plastic, unbreakable,  
leakproof squeeze bottle;  
delivers fine even mist.*

Neo-Synephrine (brand of phenylephrine), trademark reg. U. S. Pat. Off.

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The first complete hematinic  
providing 1 U.S.P. Oral Unit  
of antianemia activity in  
just two small capsules daily

## MOL-IRON PANHEMIC

For all anemias responsive to essential blood building factors. Just two capsules daily supply: 1 U.S.P. Oral Unit\* of antianemia activity—plus therapeutic quantities of Mol-Iron\*\* and other clinically essential hemopoietic factors.

### Formula:

Each therapeutic dose of 2 capsules contains:

Mol-Iron	
Ferrous Sulfate.....	1 Gm.
Molybdenum Oxide.....	15.4 mg.
Vitamin B <sub>12</sub> with Intrinsic Factor	
Concentrate.....	1 U.S.P. Oral Unit
Folic Acid.....	2.5 mg.
Ascorbic Acid.....	150 mg.

MOL-I  
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Dosage:  
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month's

\*One U.S.  
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## MOL-IRON PANHEMIC

**Dosage:** One capsule b. i. d.

**Supplied:** Bottles of 60 (one month's supply) and 500 capsules.

\*One U.S.P. Oral Unit represents the minimal amount of the therapeutic agent (Vitamin B<sub>12</sub> with Intrinsic Factor Concentrate) which, when administered orally each day to a patient with pernicious anemia in relapse, produces a satisfactory reticulocyte response and subsequent relief of both anemia and symptoms.

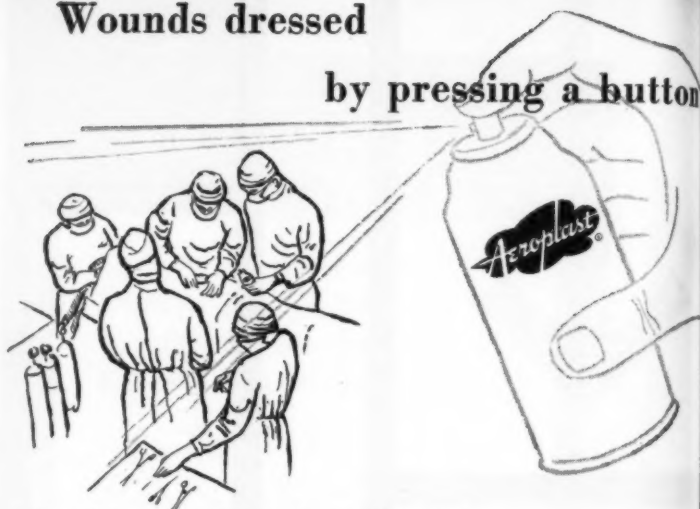
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# Wounds dressed

by pressing a button



Sprayed directly onto the lesion from a self-contained aerosol "bomb", AEROPLAST replaces conventional gauze and tape dressings in all routine surgical uses.

AEROPLAST forms a transparent protective dressing over any body surface, regardless of contour, yet does not restrict circulation, respiration, or movement. Transparency, a unique advantage, permits critical evaluation of healing progress at a glance without disturbing or removing the dressing.

Aeroplast dressings are impermeable to bacteria. Aseptic lesions remain sterile as long as the dressings are allowed to remain intact. Vital fluids and electrolytes are sealed in.

Aeroplast dressings are strong and flexible; they withstand washing, friction, and the stress of motion. They are non-toxic, non-sensitizing, and non-allergenic. Easy to remove after a sufficient period for complete "setting", Aeroplast dressings are simply peeled off.

Major operative procedures such as laparotomies, thoracotomies, ileostomies, skin graft donor sites, openly reduced fractures, etc., as well as burns, excoriation, abrasions, and lacerations, are typical of the broad variety of cases in which Aeroplast has been used to advantage as the sole dressing agent.\*

Supplied in 6 oz. aerosol-type dispensers through your prescription pharmacy or surgical dealer.

For reprints and literature write to: **AEROPLAST CORPORATION**  
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\* Choy, D. S. J.: Clinical trials of a new plastic dressing for burns and surgical wounds. A.M.A. Arch. Surg. 68:33-43 (Jan.) 1954





NO drowsiness  
NO depression  
NO nausea  
NO sweats  
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dyscrasia  
NO addiction

Nothing but  
Quick, High-Level  
Analgesia with

## Strascogesic

BY **Rx** ONLY

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Acetyl-p-aminophenol .....	300 mg.
Salicylamide .....	200 mg.
Raphetamine (racemic amphetamine phosphate monobasic) .....	2 mg.
Metopine® (methyl atropine nitrate) ....	0.5 mg.

Write for complimentary supply.

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FOUNDED 1886

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- Low Back Pain
- Arthritic Pain
- Tension Headache
- Headache
- Colds and Grippe
- Dysmenorrhea
- Dental Pain
- Migraine
- Post Partum Pain

### EFFECTIVE DOSE

1 to 2 tablets every 3 to 4 hours

# VERACOL

THE BILE SALT LAXATIVE

**works throughout  
hepato-intestinal system**

**FORMULA:** Each tablet contains Bile Salts 1.07 gr., Ext. Cascara Sag. 1.00 gr., Phenolphthalein 0.50 gr., Oleoresin Capsicum 0.05 min.

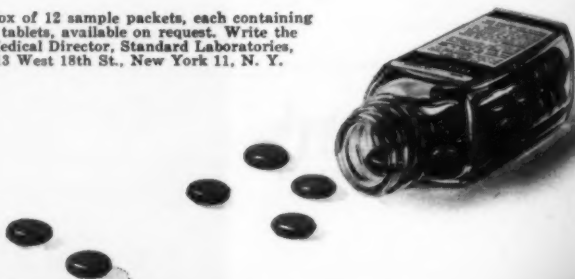
**LIVER**—Veracolate stimulates liver action, increases flow of bile—nature's own laxative. 1

**GALL BLADDER**—flushed and thoroughly emptied by free flowing bile. 2

**SMALL INTESTINE**—Veracolate improves fat digestion. Its bile salts prevent flatulence, "biliousness" and distress after eating. Other components improve intestinal tone and peristalsis. 3

**COLON**—Veracolate has a mild yet dependable laxative effect. Dosage (1 tablet t.i.d. or 2 tablets at bedtime) can be readily adjusted to suit each patient. 4

Box of 12 sample packets, each containing 6 tablets, available on request. Write the Medical Director, Standard Laboratories, 113 West 18th St., New York 11, N. Y.



# CLATE

## LT AXATIVE

em

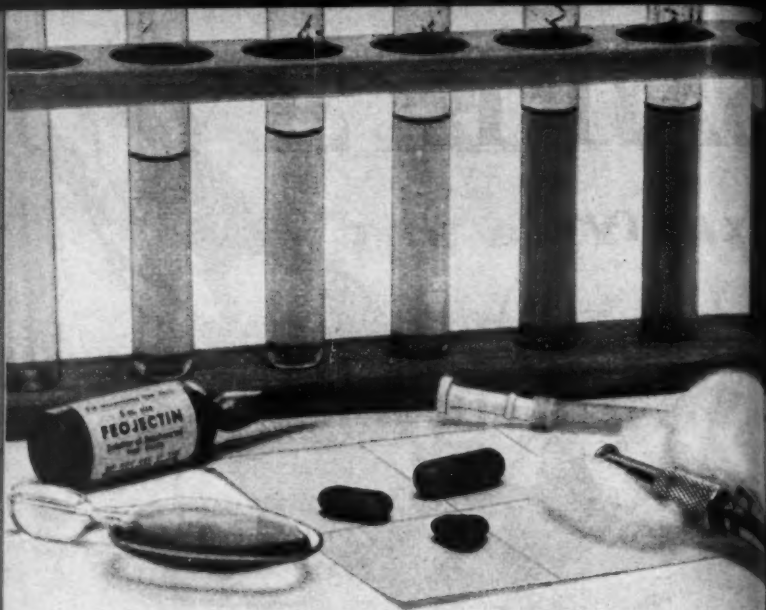
1

2

3

4

Illustration by  
J. Gilmore, Ph.D.,  
based on  
figure study  
by Raphael



## the Feosol\* family

positive treatments for common deficiencies

**'Feosol' Tablets**—the standard therapy for simple iron deficiency.

**'Feosol' Elixir**—the outstanding liquid iron preparation.

**'Feosol Hematonic'**—the potent hematinic providing 36 mcg. of B<sub>12</sub> daily, plus intrinsic factor†, folic acid, ascorbic acid and ferrous sulfate.

**Feosol Plus\***—for the patient who is both iron deficient and vitamin deficient—the ideal iron-vitamin formula.

**Feojectin\***—the safe, rapid-action *intravenous* iron.

*Smith, Kline & French Laboratories, Philadelphia*

T.M. Reg. U.S. Pat. Off.

†present in gastric substance

# Letters

The high cost of clinical labor-

atories • Should hospitals abandon the forty-hour week? •

The case against staff audits • How to publicize health-plan

limitations • When life insurance agents ask too much

## Confession of Doubt

SIRS: A recent article in *MEDICAL ECONOMICS* dispensed advice on how to make patients more obedient—how to make them follow your instructions to the letter. Frankly, I'd hesitate to require any literal obedience on the part of my patients, since I often don't know whether they'd be better off by following, or by ignoring, the accepted medical practice of the moment. For instance:

How many infants and young mothers were made unhappy twenty years ago, when the opinion of most doctors was that a crying baby should be left rigidly alone! Who was right, the doctor with his theoretical principles of child training, or the young mother whose instincts told her to go to the child and pick it up?

How many old people today are dragging out their lives in boredom and actual misery because some smart doctor has told them they can't smoke, or can't have a cocktail ever again, or can't go down to the office for a few hours a day?

How about the three-weeks-flat-in-bed procedure after the operation of twenty years ago? And what happened to the special diet for an acid condition, the extraction of all teeth to eliminate focal infection, the ban on red meat for hypertension?

The fact is: the longer I stay in medicine (and I entered medical school almost thirty-five years ago), the less sure I am about anything—even the desirability of penicillin injections. Sometimes I even confess these doubts to my patients.

Lyon Steine, M.D.  
Valley Stream, N.Y.

## Medical Informers

SIRS: One of the worst evils of the Soviet system is the practice of encouraging children to report their own parents for having capitalist thoughts.

This melancholy observation is prompted by the American College of Surgeons' recent recommendation of a plan to keep the Internal Revenue Service apprised of fee-splitting activities.

MORE→

and so a laxative

**PHOSPHO-S**



and so a laxative of choice...

PHOSPHO-SODA  
(fleet)

(fleet)

**Purgative:** — 4 teaspoonfuls or more before breakfast.

**Aperient or mild laxative:**—2 teaspoonfuls before breakfast or before other meals, if indicated.

Phospho-Soda (Fleet) is a solution containing in each 100 cc. sodium biphosphate 48 Gm. and sodium phosphate 18 Gm.

C. B. FLEET COMPANY, INC. • Lynchburg, Virginia

the **FLEET ENEMA**

And who, according to the A.C.S. plan, is to turn in the names of the fee-splitting surgeons? Why, their brother surgeons!

Maybe this is necessary in the name of progress; but there must be a few old-fashioned doctors who don't quite like the idea of a brother physician's becoming a brother rat.

M.D., Virginia

### Boston Isn't U. S.

SIRS: In a recent issue of *MEDICAL ECONOMICS*, the following statement is made: "At Boston University medical school, 40 per cent of the 1950 freshman class had had 'A' averages in college. Two years later, only 18 per cent of those admitted were 'A' students."

This is incorrect.

The figures, which are quoted from a statement of mine, are for the 1950 and 1952 freshman classes of *all* the medical schools in the United States. They do not apply to Boston University.

James M. Faulkner, M.D.

Dean, School of Medicine  
Boston University  
Boston, Mass.

### Pathologists' Expenses

SIRS: You recently stated that "among the major specialties, radiologists have the highest percentage of expenses." And you gave their average expense in one year as 48 per cent of gross income.

Maybe pathology doesn't come under the category of "major specialties." But here are the percent-

ages of gross income that we've had to spend in this laboratory over the last six years:

1948 .....	69.4
1949 .....	72.6
1950 .....	74.0
1951 .....	75.5
1952 .....	76.5
1953 .....	76.5

These figures may not be representative of those for all pathologists, inasmuch as we have a very large organization . . . but I'm sure that they're pretty typical for any pathologists who have the privilege of hiring and firing their own personnel.

T. S. Kimball, M.D.

Kimball Clinical Laboratories  
Glendale, Calif.

### Keeping Hospitals Open

SIRS: At 4:30 P.M. on a Friday, I was taken to the hospital, presumably with a kidney stone. X-rays were in order, of course, and some kidney function tests.

But the laboratory operates on a five-day week. From 4 P.M. Friday to 8 A.M. Monday, nobody is there. Of course, the interne could have gone in (*he* doesn't have a five-day week); but the average interne can't do much beyond a routine blood count or urine analysis. So I just lay around all week-end, waiting for the technicians to come back.

It's obvious that the forty-hour week in a hospital is as much a bane to patients as it's a boon to employees. And whom does the angry patient

## LETTERS

blame? His personal physician, naturally . . .

The hospital keeps its switchboard going twenty-four hours a day, seven days a week. I suggest that it could keep *all* departments open on Saturday and Sunday, 8 A.M. to 4 P.M. Even though this would cost more in overtime salaries, the increment would not be a very big item in the total budget. And the returns would be tremendous.

M.D., New Jersey

### More Eponyms

SIRS: An M.D. friend showed me Dr. Dorgeloh's recent article on medical eponyms. In my opinion, he missed the commonest blooper of all.

I refer to the licorice preparation known (incorrectly) to many physicians as Brown's Mixture. Actually, it's just Brown Mixture. Know why? Because it's brown.

B. Volk, PH.G.  
New Brunswick, N.J.

SIRS: Dr. Dorgeloh is only an amateur when it comes to hunting eponyms. Does he know that old people get Young's Syndrome, and that there is such a thing as a Coffin Lid Crystal? I thought not.

Has he never heard of Bang's abortion or the Drumstick Bacillus? What would he do with the Much Bacillus? (No Indian talk, please.) He didn't tell you that you find Her-ring Bodies in the pituitary and

for all  
treatable anemias

# TRINSICON

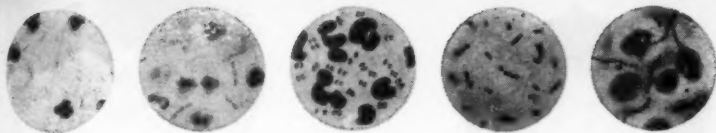
(Hematinic Concentrate with Intrinsic Factor, Lilly)

*Lilly*

new, improved formula  
30% more potent  
in pernicious  
anemia factor

IN ONE DOSE PROVIDES THERAPEUTIC QUANTITIES OF ALL KNOWN ANTI-ANEMIA FACTORS





## IN URINARY-TRACT INFECTIONS

*High where height counts,*<sup>1</sup> SULFOSE blood levels foster antibacterial action where therapy counts—*within* the infected tissue of the urinary system.<sup>2</sup> For SULFOSE promotes clinical response through the potent additive attack of three sulfapyrimidines (sulfadiazine, sulfamerazine, sulfamethazine), characteristically high in blood and tissue concentrations.

*Low where lowness counts,* SULFOSE is low in toxicity, low in renal risk ... provides three independent sulfonamide solubilities for protection against crystalluria.<sup>3</sup>

Suspension SULFOSE—triple sulfonamides suspended in a special *alumina*

*gel* base for complete dispersion and ready absorption. Indicated in all infections due to sulfonamide-sensitive organisms.

Supplied: Suspension SULFOSE, bottles of 1 pint

Also available: Tablets SULFOSE, bottles of 100 and 1000

Each teaspoonful (5 cc.) of Suspension and each Tablet contains 0.167 Gm. each of sulfadiazine, sulfamerazine, and sulfamethazine.

1. Jawetz, E.: California Med. 79:99 (Aug.) 1953. 2. Cecil, R.L., and Loeb, R.F.: Textbook of Medicine, W. B. Saunders Co., Philadelphia, 1951, pp. 963-967. 3. Sophian, L.H., and others: The Sulfapyrimidines, Press of A. Colish, New York, 1952. 4. Berkowitz, D.: Antibiot. & Chemo. 3:618 (June) 1953.

FOR SUPERIOR BLOOD LEVELS<sup>4</sup>  
SUSPENSION  
**SULFOSE**®  
TRIPLE SULFONAMIDES



Philadelphia 2, Pa.



*...check itching and scales  
for 1 to 4 weeks*

*Have you prescribed SELSUN for them yet?  
Here are the results you can expect:  
complete control in 81 to 87 per cent of  
all seborrheic dermatitis cases, and in 92  
to 95 per cent of common dandruff cases.  
SELSUN keeps the scalp scale-free for one  
to four weeks—relieves itching and burn-  
ing after only two or three applications.*

..... Your patients will find SELSUN  
remarkably easy to use. Applied and  
rinsed out while washing the hair, it  
takes little time, no complicated  
procedures or messy ointments. Ethically  
advertised and dispensed only on your  
prescription. In 4-fluidounce  
bottles with directions on label. *Abbott*

*prescribe*

**SELSUN<sup>®</sup>**

**SULFIDE Suspension**

(Selenium Sulfide, Abbott)

1-01-04



Brassy Bodies in malaria? He probably never heard of Budge's Center (yes, it's in his body), and he probably thinks that only brides suffer from Trousseau Disease.

There is even—and here's the proof—such a medical phenomenon as Crackpot Resonance.

Henry A. Davidson, M.D.  
Cedar Grove, N.J.

### Hospital Discipline

SIRS: Your article "They Keep Score on Staff Physicians" suggests an efficient way . . . for a hospital corporation . . . to force out of business any independent practitioner who may dare to exercise his right of free enterprise.

One can visualize the average

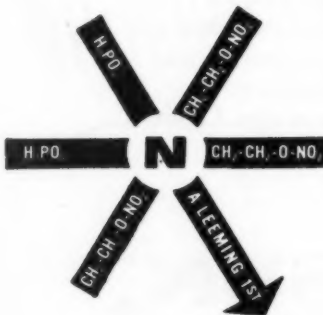
audit committee in such a system:

The chairman, of course, is the most aggressive staff surgeon and the biggest income-getter for the hospital (as a perusal of his hysterectomies will show). He and his colleagues have badgered the hospital-employed pathologist (probably secretary of the committee) into a tired, leaden-eyed little man . . . given to euphemistic phrases.

Hasten the day when a citizen may once again, with a medical school diploma under one arm and a state medical license under the other, go forth to minister to his sick and wounded fellows with the assurance that he has already earned his right thus to minister . . .

Perhaps then the physician will

## Angina pectoris prevention



The new strategy in angina pectoris is prevention, the new low-dose, long-acting drug—METAMINE. Most effective milligram for milligram, and better tolerated, METAMINE prevents attacks or greatly diminishes their number and severity. *Dosage:* 1 tablet (2 mg.) after each meal; 1-2 tablets at bedtime.

*Thos. Leeming & Co. Inc.*

153 EAST 44TH STREET, NEW YORK 17, N.Y.

# Metamine®

Triethanolamine trinitrate biphosphate, Leeming; tablets 2 mg.

Bottles of 50 and 500.

the most widely used Diathermy—now better than ever

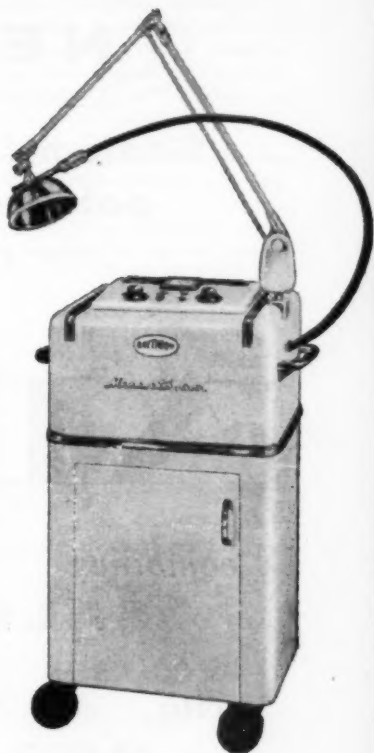
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**new...** Functional design in a trim, sleek cabinet with streamlined operating panel.

**new...** Safety monitors that prolong life of parts: automatic shut-offs protect equipment, prevent errors.

**new...** Warranty of two full years on all parts—a guarantee of reliable quality and craftsmanship throughout.

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**RAYTHEON MANUFACTURING COMPANY**

Microwave and Power Tube Operations, Waltham 54, Mass.

**NEW**

Sodium-free,  
potassium-free analgesic  
for rheumatic diseases

**ARTAN**

*combines*

**SALICYLAMIDE**

*(non-irritating to gastric mucosa)*

*with*

**ORGANIC IODINE**

*(stimulates resorptive processes)*

*plus PABA and ASCORBIC ACID*

Maintenance of high salicylate blood levels without undesirable side effects has long been a goal in the management of pain in rheumatoid arthritis, rheumatic fever, osteoarthritis, fibrositis and gout.

This goal has been achieved in *Artamide*. Through the use of salicylamide instead of one of the common salts or esters of salicylic acid, *Artamide* avoids gastric irritation. Coadministration of alkalizing agents is therefore unnecessary. In addition, *Artamide* is completely free of sodium and potassium—an important consideration for patients requiring restricted intake of these elements.

*Artamide*, too, is the first anti-rheumatic analgesic to employ the fibrolytic action of iodine to stimulate resorptive processes. Organic bonding of iodine in *Organidin* (Wampole) sheathes the destructive power of elemental iodine while preserving its therapeutic utility. The efficacy of *Artamide* is further enhanced by the potentiating effect of PABA and the compensating action of ascorbic acid.

# ARTAMIDE

WAMPOLE



COMPOSITION: Each white, coated *Artamide* tablet contains Salicylamide (0.25 Gm.), PABA (0.25 Gm.), Ascorbic Acid (20.0 mg.) and *Organidin* (10 mg.).

SUPPLIED: Bottles of 100 and 500. *Dosage*: Two tablets three or four times daily; in acute rheumatic fever, may be increased to two tablets hourly.

**Wampole LABORATORIES**

Henry K. Wampole & Company, Inc., 440 Fairmount Avenue, Philadelphia 23, Pa.

## LETTERS

be capable of practicing his profession without the surveillance of eager young tyros, fresh from courses in hospital administration, and of committees of hospital-selected doctors with their "top-notch audit systems."

Joseph I. Mossberger, M.D.  
Denver, Colo.

### Improving Blue Shield

Sirs: The rapid growth of health insurance seems to be leading medicine inevitably toward standard fee schedules—i.e., the same charge for everybody, regardless of income.

In my opinion, doctors are in a position to halt this trend. Specifically, they'd be well advised to establish a schedule of health insurance premiums (and fees for service) related to the income level of the subscriber.

Low-income groups unable to afford present premiums would be granted a reduced rate; and the doctor in turn would accept a reduced fee. The schedule would even allow for charity care.

Thus—through the mechanism of insurance—physicians would formalize what many of them already do in their own practices.

Kenneth Williamson  
Director, Washington Service Bureau  
American Hospital Association  
Washington, D.C.

SIRS: It is well known that most subscribers to health insurance think they have more benefits than their policies actually stipulate. To save

everyone time, money, and headaches, I suggest that, from now on all policies include simple statements—in bold, black print on the first page—of exactly what will NOT be paid.

My idea of the format is something like this:

#### THIS POLICY WILL NOT PAY FOR

Service	Exception
Office visits to your physician	See page lines 11
House visits by your physician	See page lines 12
Illness present when policy was purchased	No exceptions
Minor surgery, not requiring hospitalization	No exceptions
Obstetrics	No exceptions

Listing policy page and line numbers this way would save hours of reading and checking contracts.

Such candor on page 1 might slow up the high-pressure, big-prize salesman. But I believe all would be better served in the end . . .

W. A. Waters, M.D.  
Lubbock, Tex.

Sirs: . . . Too often the subscriber who pays a premium for a service becomes ineligible for it on crossing the state line.

Miss S, for example, has Blue Cross and Blue Shield in Pennsylvania. She is treated in a Kentucky hospital . . . Then she learns that



wherever  
Codeine + APC  
is indicated

# PERCODAN<sup>®</sup>

TABLETS\* FOR PAIN

Provides faster, longer-lasting, and  
more profound pain relief. Obtainable on  
prescription. Narcotic blank required.

\*Salts of dihydrohydroxyzodolans  
and hemastropine, plus APC.

Literature? Just write to

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Richmond Hill 18, N. Y.

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relieve  
pain,  
headache,  
fever  
promptly  
and safely

### APAMIDE®

(N-acetyl-p-aminophenol, Ames)

direct-acting  
analgesic-antipyretic...  
no toxic by-products...

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TRADEMARK

(Buffered N-acetyl-p-aminophenol, Ames)

effervescent analgesic-  
antipyretic... speeds relief  
... assures fluid intake

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(acetylcarbromal and N-acetyl-p-aminophenol, Ames)

sedative analgesic-  
antipyretic... calms patients  
and relieves pain

89534



**AMES COMPANY, INC.**

Elkhart, Indiana

Ames Company of Canada, Ltd., Toronto

## LETTERS

is not eligible for anesthesia benefits. Why? Because she pays for them in her *Blue Cross* (Pa.) plan, while anesthesia in Kentucky is provided by *Blue Shield* . . . Correspondence with both plans only produces the admission, "Nothing can be done."

Here, surely, is something that needs correcting: a patient who doesn't get a service that he or she pays for.

Keith W. Cameron, M.B., Ch.B.,  
Ary, Ky.

## TV Credit

Sirs: In your recent report of the University of Southern California's pilot experiment in teaching medicine by television, you gave me credit for the experiment.

It's a source of considerable distress to me that you neglected the role played by Mr. Charles Saullo of the Department of Communications. My own role was as secondary as that of the medical students whose willingness to participate made the project possible.

Hans H. Zinsser, M.D.  
Los Angeles, Calif.

## Make the Agent Pay

Sirs: I have a solution for the problem of the insurance agent who constantly demands an "emergency" examination at the patient's home.

Consider the case of Mr. X, who

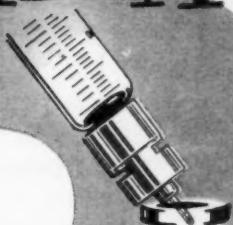
\*For readers unfamiliar with the M.B. and Ch.B. degrees, Dr. Cameron explains: "Bachelor of Medicine, Bachelor of Surgery ('Chirurgerie') is the regular degree of most English medical schools. It corresponds to the American M.D., whereas the English M.D. is . . . a purely academic, post-graduate affair."

WHAT'S THE

# BIG IDEA

AT VIM?

**Special aspirating syringe  
assures complete and  
positive aspiration with  
maximum ease.**

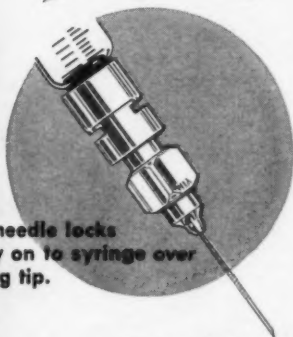


the new

**VIM** *gabriel*

**aspirating  
SYRINGE**

Pat. No. 2626603



**Injecting needle locks  
smoothly on to syringe over  
aspirating tip.**

The short, large gauge aspirating tip easily penetrates toughest of vial stoppers, permitting easy withdrawal of the most viscous solution. Short tip just penetrates stopper, allowing withdrawal of entire contents without waste. Injecting needle never touches vial . . . contamination of contents virtually eliminated and needle life lengthened.

Designed to be used with VIM Stainless Steel and VIM Laminex hypodermic needles.

**For descriptive folder write:**

**MacGREGOR INSTRUMENT COMPANY, NEEDHAM 92, MASS.**

To restore the "know-how"



capsule contains  
0.30 Gm. of  
glutamic acid  
hydrochloride  
with 0.25 Gm.  
of mephenesin.

# relaxation

*for anxiety-tension patients*

Mephate® is a preferred skeletal-muscle relaxant, because its glutamic acid hydrochloride component enhances the systemic action of the mephenesin, thus providing:

- effective relaxation on lower mephenesin dosage\*
- therapeutic response in many patients previously unresponsive to mephenesin alone.\*

A. H. ROBINS CO., INC., Richmond 20, Virginia  
Ethical Pharmaceuticals of Merit since 1878

# Mephate®

*the improved relaxant*



\*Hermann, I. F. and  
Smith, B. J.: Journal-  
Lancet 71:271, 1951.

## LETTERS

is taking out a \$25,000 policy. He's leaving on the morning plane for Timbuktu, and *must* be examined at 1:30 A.M. at his home (fifteen miles outside the city limits).

This is an emergency, all right—but to the *agent*, not the doctor. Therefore I suggest that in such cases an additional medical fee of \$5 or \$7.50 be paid—to be deducted from the agent's commission . . . This would give the agent a real incentive to try to get all applicants to go to the doctor's office.

M.D., Missouri

### Best None Too Good?

SIRS: About "The Best Three-Man Office I've Seen" [August, 1954]: Maybe it is. But take a look at that

floor plan—the business office is only as big as an examining room!

Wait until those doctors have been there another year or two, and they'll see their error . . . the classic error of all M.D.s: Lots of room for consultation and examination, and no room for the most important part of the business, as far as keeping them going is concerned.

. . . I'd be interested to know how two secretaries handle all the registrations and record-keeping, and get through the billing, as well as the mountains of insurance work, in that little cubbyhole . . .

Earl J. Leeney

Business Manager, Magliolo Clinic  
Dickinson, Tex.

END

Millions  
prescribed  
yearly

STANDARD MEDICINE CO.  
1000 1st Ave. N.E.  
Minneapolis, Minn.

John Doe, M.D.  
Prescription for Rectal Medicine  
Suppositories #100  
Sig: As directed

**R E C T A L M E D I C O N E**

MEDICONE COMPANY • 225 VARICK STREET • NEW YORK 14, N.Y.

60

MEDICAL ECONOMICS • NOVEMBER 1954

is only  
have  
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classic  
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END

potent, safe, non-narcotic

TORYN\*



'Toryn' "is an effective antitussive agent with anticholinergic properties primarily, but is essentially free of atropine-like [side] effects. 'Toryn' has been well tolerated and appears to have a sedative effect on the bronchioles."<sup>1</sup>

**potent** Toryn's specific depressant effect on the cough reflex is comparable to that of codeine, both in intensity and in duration.

**safe** Unlike codeine, 'Toryn' does not cause the constipation, drowsiness and depression so often brought on by even small doses of codeine and the other opiates.

**non-narcotic** 'Toryn' is a new, synthetic drug, chemically unrelated to the narcotics.

*Available:* Syrup, in 4 fl. oz. bottles.  
Tablets, in bottles of 25.

*Smith, Kline & French Laboratories, Philadelphia*

I. Segal, M.S., et al.: Advances in the Physiology and Treatment of Bronchial Asthma, Quart. Rev. Allergy & Applied Immunology 6:399 (December) 1952.

\*T.M. Reg. U.S. Pat. Off. for caramiphen ethanedisulfonate, S.K.F.

Kymographic recording shows normal contraction of rabbit jejunum in 100 cc. of Tyrode's solution.

When the EMETROL solution is replaced with fresh Tyrode's solution, normal contraction resumes.

Adding 0.5 cc. of EMETROL immediately relaxes the muscle... reduces rate and amplitude of contraction.

With 1.0 cc. of EMETROL, these effects become much more marked.

## this is why **EMETROL** controls

(PHOSPHORATED CARBOHYDRATE SOLUTION)

EMETROL Phosphorated Carbohydrate Solution permits effective physiologic control of functional nausea and vomiting—without recourse to antihistaminics, sedatives, or hypnotic drugs.

Pleasantly mint flavored, EMETROL provides balanced amounts of levulose and dextrose in coacting association with orthophosphoric acid, stabilized at an optimal, physio-

*Kinney*

SAMPLE AND LITERATURE



When the EMETROL solution is replaced with fresh Tyrode's solution, normal contraction resumes.



Contraction virtually ceases with addition of 1.5 cc. of EMETROL.



## epidemic vomiting physiologically

logically adjusted pH level.

Thus, EMETROL can be given *safely*—by teaspoonfuls for children, tablespoonfuls for adults—at repeated intervals until vomiting ceases.

**IMPORTANT:** EMETROL is always given *undiluted*. No fluids of any kind should be taken for at least 15 minutes after taking EMETROL.

**INDICATIONS:** Nausea and vomiting resulting from functional disturbances, acute infectious gastroenteritis or intestinal "flu," pregnancy, motion sickness, and administration of drugs or anesthesia.

**SUPPLIED:** Bottles of 3 fl.oz. and 16 fl.oz., at all pharmacies.

**KINNEY & COMPANY, INC.**  
COLUMBUS, INDIANA

PHYSICIANS ON REQUEST

# Professional Kleenex in the new white box—



especially  
made  
for you



Now Kleenex, the only tissue that pops up, serves just *one* at a time—comes in a new professional packing. The new white Kleenex box is *designed especially* for physicians and dentists. And you can order Kleenex\* Tissues in an easy-to-store case of 24 boxes. Keep Kleenex handy—for dozens of office uses.

**Order through your supply dealer**

\*T. M. REG. U. S. PAT. OFF.



THE LILLY FAMILY OF

# VITAMINS

FOR ALL THE FAMILY

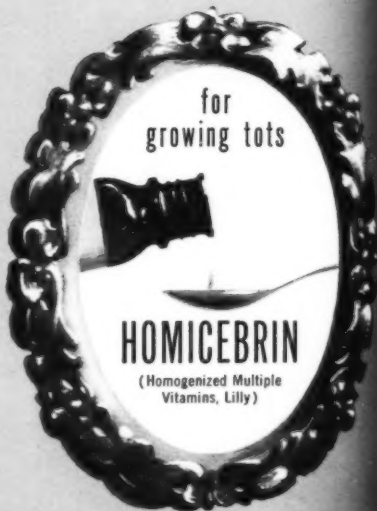


The original homogenized multiple-vitamin product. Taste-tested for flavor, homogenized for easy absorption.

In bottles of 60 cc., 120 cc., and 1 pint.

No other pediatric vitamin is as stable. Separate packaging assures full potency the day of use. Note, too, the high B<sub>12</sub> and ascorbic acid content. This is the product to specify for the critical early months of rapid growth.

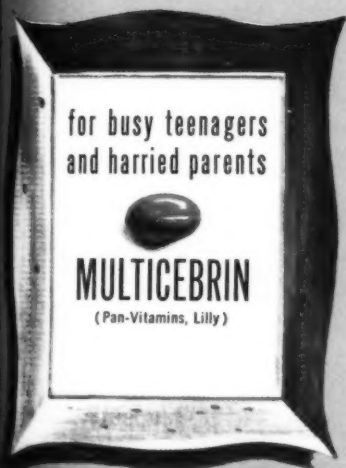
In packages of 30 and 60 cc.



ELI LILLY AND COMPANY

Something different and more "grown-up" than drops or teaspoons, 'Multicebrin' Jr. is especially designed for the 5-to-12-year age group—the busiest lunch-gulpers on earth.

In bottles of 60 and 1,000.



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In bottles of 100 and 1,000.

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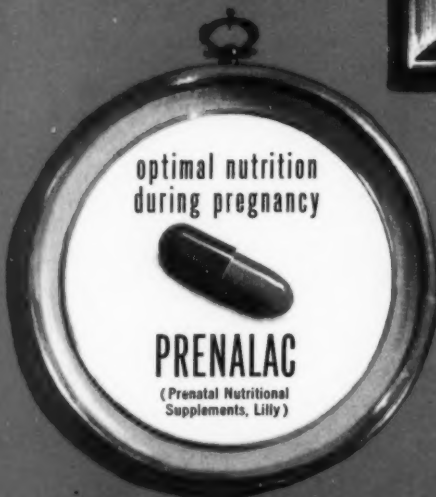
for the grandparents

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The most potent multiple vitamin  
you can prescribe.

In bottles of 30, 100, and 500.



optimal nutrition  
during pregnancy

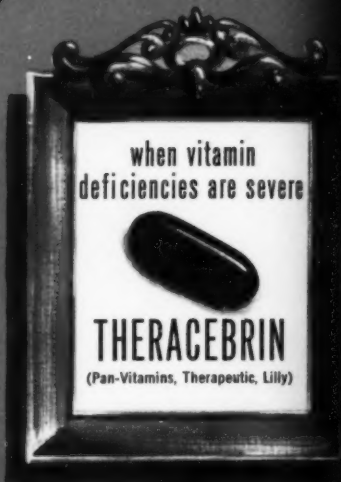
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A potent, comprehensive dietary  
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when vitamin  
deficiencies are severe



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Full R.D.A. of vitamins and minerals  
in six pulvules.

In bottles of 100, 500, and 1,000.

as  
age  
increases

and  
digestive  
efficiency  
declines

CONVERTIN supports digestive function  
by selective release of:

hydrochloric acid in the stomach,  
and desoxycholic acid and pancreatin  
in the small intestine.

Experience shows that the supplementation  
of gastric and pancreatic digestants is  
normally beneficial among the elderly.<sup>1,3</sup>

## CONVERTIN®

digestant tablets

permit a more varied diet . . . better  
nutrition . . . by partial replacement  
of digestants diminished with age.

Each CONVERTIN Tablet is actually two  
tablets in one:

A sugar-coated outer layer designed to  
release in the stomach:

Betaine HCl . . . 130.0 mg. (Provides  
5 minims Diluted Hydrochloric Acid U.S.P.) and  
Oleoresin Ginger . . . 1/600 gr.

Surrounding an enteric-coated core designed  
to release in the small intestine:

Pancreatin . . . 62.5 mg. (Equiv. to  
250 mg. U.S.P.) and  
Desoxycholic Acid . . . 50.0 mg.

**DOSE:** Two tablets with or just after meals.  
Dose may be reduced, usually after first week,  
at the discretion of the physician.

**SUPPLIED:** In bottles of 84 and 500 tablets.

*Available on prescription only*

**B.F. ASCHER & COMPANY, INC.**

Ethical Medicinals  
KANSAS CITY, MO.

References: 1. Lee, R. I.: Chicago M. Soc. Bull.: 40:503,  
1946. 2. Golub, M.: Am. J. Digest. Dis. 18:309, 1951.  
3. McLester, J. S., and Darby, W. J.: Nutrition and Diet  
in Health and Disease, ed. 6, Philadelphia,  
W. B. Saunders Company, 1952, pp. 416, 476.

Mr. Sizzler is a vitamin chiseler



**Each DAYALET contains:**

- Vitamin A (synthetic).....10,000 U.S.P. units
- Vitamin D.....1000 U.S.P. units
- Thiamine Mononitrate.....5 mg.
- Riboflavin......5 mg.
- Nicotinamide.....25 mg.
- Pyridoxine Hydrochloride.....1.5 mg.
- Vitamin B<sub>12</sub>......2 mcg. ◀
- Folic Acid......0.1 mg.
- Pantothenic Acid......5 mg.
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On a persistent diet of fried fare, indiscriminate dining may be leaping from the frying pan into the fire.

The result, of course, is multiple vitamin deficiency and time for dietary reform—plus a sound supplement like DAYALETS.

Why DAYALETS? Because each tiny tablet contains 10 essential vitamins. Because DAYALETS are devoid of fish-oil odor, taste, allergies. And because just DAYALET A DAY is all they need.

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**DAYALETS**

(Abbott's Multiple Vitamins)



DORSEY

# Rauwolfia serpentina

## *Preparations*

IN HYPERTENSION

MILD

*Rautensin*

SEVERE

*Rauvera*

FOR SEDATION

IN NORMOTENSIVES

IN HYPERTENSIVES

*Crystoserpine*

### **RAUTENSIN** *In Mild and Moderate Hypertension*

Each tablet contains 2 mg. of the alseroxyton fraction of Rauwolfia serpentina. The ideal Rauwolfia preparation for starting therapy in every patient.

**Dose:** Two tablets (4 mg.) once daily.

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Provides per tablet 1 mg. of Rautensin and 3 mg. of mixed Veratrum alkaloids (alkavervir). The safest of the more potent hypotensive combinations.

**Dose:** One tablet, q.i.d., p.c. and at bedtime, at no less than four-hour intervals.

### **CRYSTOSERPINE** *For Tranquilizing Sedation Without Somnolence*

Each tablet contains 0.25 mg. of crystalline reserpine. Especially valuable when emotional agitation and anxiety must be controlled. Produces sedation without somnolence.

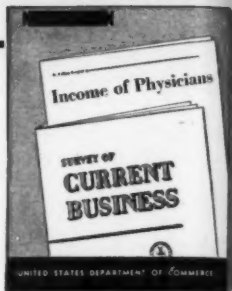
**Dose:** One to four tablets daily, depending on degree of sedation required.

**SMITH-DORSEY** • Lincoln, Nebraska A Division of THE WANDER COMPANY

*Official statistics show  
doctors face rapid loss of  
earning power after 50*



*Mutual Benefit's New **MANAGED DOLLARS PLAN**  
overcomes this obstacle to successful retirement*



**UNLIKE OTHER PROFESSIONAL MEN...**

... Department of Commerce statistics show the doctor, as he approaches retirement age, earns less than half what he did in his peak years. Too often this is not planned for ... and he is forced to continue practice ... to postpone retirement indefinitely. Managed Dollars recognizes the doctor's special problem of providing adequate income for a longer later-life period.

**WHILE OTHER BUSINESSMEN...**

... may have social security, company sponsored health and pension plans — the doctor does not. He's on his own. And he's hit harder by taxes than other professional people.



**ANSWERS THE  
DOCTOR'S NEEDS**

It creates an immediate estate ... provides needed family protection now ... and at the same time, steadily builds financial reserves to give him a good income after earnings dwindle. And, if he qualifies, Managed Dollars even protects him from disability, with what has been

termed the finest disability contract — by a leading medical publication.



**PUTS A DOCTOR'S  
INCOME ON A  
SOUND BUSINESS  
BASIS**

It frees him from present worry and sets about, in a business-like manner, to give him financial independence. Each Plan depends so entirely on the doctor's individual situation — it's impossible to describe it in print. To find out what Managed Dollars can do for you, call your Mutual Benefit Life man. He will — without obligating you in any way — help you diagnose your needs and create a plan that meets them in every detail. If you'll ask your nurse to drop us a note on your stationery, we'll have him arrange a mutually convenient appointment.

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MUTUAL  
BENEFIT  
LIFE**

**INSURANCE COMPANY**

ORGANIZED IN 1845  
300 BROADWAY, NEWARK, N. J.

In cancer patients

## THORAZINE\*

*-relieves:*

**intractable pain**

*by the potentiation of analgesics, narcotics and sedatives.*

**nausea and vomiting**

*due either to the malignancy or distress-producing therapy.*

**apprehension and anxiety**

*associated with cancer and thus promotes a sense of well-being.*

From a study of 'Thorazine' in patients with far advanced cancer, Lucas et al. state:

"Favorable effects included relief of pain, muscle spasm, nausea, vomiting, dyspnea, cough, restlessness, apprehension . . . improvement in appetite, sleeping, strength, sense of well-being and decrease in need for narcotics."

Proc. Am. A. Cancer Research 1:30 (April) 1954

Available in 10 mg., 25 mg. and 50 mg. tablets; 25 mg. ampuls (1 cc.) and 50 mg. ampuls (2 cc.).

*Additional information on 'Thorazine' is available on request.*

**Smith, Kline & French Laboratories**

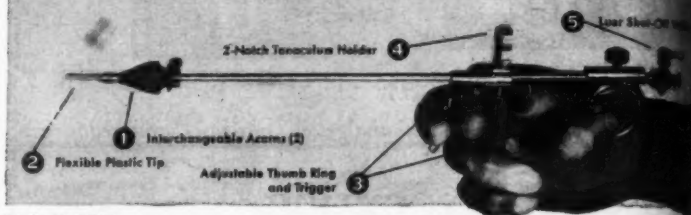
**1530 Spring Garden Street, Philadelphia 1**

\*Trademark for S.K.F.'s brand of chlorpromazine hydrochloride

# Announcing

## The New KAHN Trigger Cannula

A new office model at a new low price... self-retaining flexible tips... efficient trigger cannula technique



U. S. Pat. No. 2482622

The new office model Kahn Uterine Trigger Cannula is the ideal instrument for tubal insufflation with CO<sub>2</sub> or for x-ray diagnosis by means of hystero-graphy, hystero-salpingography and cervicography.

- 1 **Interchangeable Acorns**—They seal by molding to the shape of the cervix. No leakage, no slipping, no trauma. Supplied in 2 sizes.
- 2 **Flexible Plastic Tip**—Finds its way automatically into the uterine cavity without dilatation or sounding. Made of replaceable polyethylene tubing.
- 3 **Adjustable Thumb Ring & Trigger**—Span between thumb ring and trigger is completely adjustable by means of special set screws. Any type of tenaculum may be used: long or short.

- 4 **2-Notch Tenaculum Holder**—Provides 2 hook for attaching tenaculum and assures parallel alignment of the cannula and tenaculum shaft to leak-proof cervical seal.
- 5 **Luer Shut-Off Valve**—Permits fractional injection technique in x-ray work. Readily disassembles for cleaning and lubrication.

**E-1060 KAHN UTERINE TRIGGER CANNULA—New Office Model.** Stainless steel cannula shaft—all parts non-corrosive; with 2 interchangeable acorns (standard and giant size) and a 10-inch length of INTRAMEDIC Polyethylene Tubing for extra tips. **complete \$19.95**



Check these important accessories for your Kahn Cannula Outfit

**E-1040 Kahn Cannula Stand.** Adjustable for maintaining traction during x-ray work. . . . . **each \$6.50**

**E-1005 Kahn Traction Tenaculum.** The perfect companion for the trigger cannula. Stainless steel, 9" long. . . . . **each \$14.50**

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## *what's the life span of a child's shoe size?*

It depends on many things, of course . . . the child's age and rate of growth . . . the type of shoe, the care with which it was fitted.

As you know, this makes it important that parents check the size of their children's shoes *regularly*. The makers of Stride Rites have constantly urged mothers to remember that shoes are often *outgrown* before they're *outworn* . . . and to use their Stride Rite dealer's free size check-up service, which includes "reminder" cards mailed at regular intervals.

This check-up service . . . plus a construction which allows ample room for normal growth . . . and Stride Rite dealers' careful fitting methods are all a part of our foot-protection program.

Most doctors who know Stride Rites recommend them.

THE  
**STRIDE RITE**  
SHOE

### DOCTOR:

If you are not already familiar with Stride Rites and Stride Rite Shoes with Extra Support, write: Green Shoe Mfg. Co., 960 Harrison Ave., Boston, Mass.

in hypertension...

# Rauwiloid

*More Widely  
Applicable*

*So Easy, too...*

merely two 2 mg. tablets  
at bedtime!

## The ORIGINAL alseroxylon fraction of Rauwolfia

*Because...* Rauwiloid is not a single alkaloid. It contains, besides reserpine, a number of active alkaloids, for example rescinnamine, reported to be more hypotensive but less sedative than reserpine.

*Because...* Rauwiloid is freed from the inert dross of the whole root and from undesirable alkaloids, such as yohimbine-type alkaloids.

*Because...* Rauwiloid alone or in combination with more powerful hypotensive drugs\* can be depended upon for even fewer side actions, greater constancy.

\*Rauwiloid + Veriloid in a single tablet for moderately severe hypertension.

\*Rauwiloid + Hexamethonium in a single tablet for rapidly progressing, intractable hypertension.

**Riker**

LABORATORIES, INC., LOS ANGELES 48, CALIF.

Wherever TAR is indicated.....

# TARBONIS

*provides effective control*



## NON-GREASY • NON-STAINING • COSMETICALLY ACCEPTABLE

Tarbonis supplies the benefits of time-tested tar without its objectionable features—assures patient cooperation.

Easily applied, quickly and completely absorbed into the skin, Tarbonis stops itching and provides rapid relief. It is free of tarry odor, is pleasantly scented, and cosmetically acceptable to the most fastidious. The vanishing cream base permits deeper, more effective penetration without staining or soiling.

### INDICATIONS

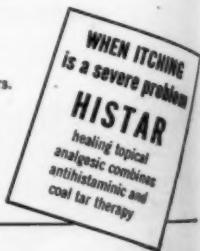
Eczema, infantile eczema, psoriasis, folliculitis, seborrheic dermatitis, intertrigo, pityriasis, dyshidrosis, tinea cruris, varicose ulcers, and other stubborn dermatoses.

Write today for a clinical trial supply.

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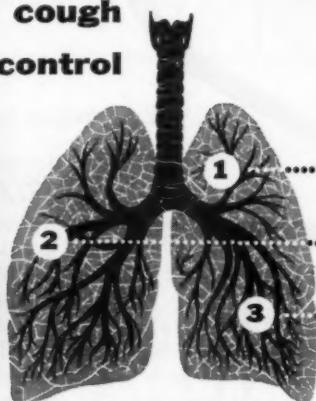
On prescription from all druggists in 2¼ oz., 8 oz., and 1 lb. jars.

**REED & CARRICK**  
JERSEY CITY 6, NEW JERSEY





# 3 way cough control



**Pyribenzamine Relieves  
Congestion**

**Ephedrine Relaxes  
Bronchioles**

**Ammonium Chloride  
Liquefies Mucus**

Each 4-ml. teaspoonful of Pyribenzamine Expectorant with Ephedrine contains 30 mg. Pyribenzamine citrate (equivalent to 20 mg. Pyribenzamine hydrochloride), 10 mg. ephedrine sulfate, and 80 mg. ammonium chloride; cherry-flavored.

Also available: Pyribenzamine Expectorant with Codeine and Ephedrine (above formula plus 8 mg. codeine phosphate per 4-ml. teaspoonful); peach-flavored. Both preparations in pints and gallons.

## Pyribenzamine® Expectorant

Pyribenzamine® (tripelennamine CIBA)

**C I B A** Summit, N. J.



full protection for two

*Specify*

Protect both mother and child from the dangers of anemia, avitaminoses and calcium deficiency, and ensure adequate nutrition. Available in bottles of 100 and 1,000. Dosage: 1 to 3 capsules daily.

Vitamin A (Acetate)	2,000 U.S.P. U.
Vitamin D (Viosterol)	400 U.S.P. U.
Thiamine HCl (B <sub>1</sub> )	2 mg.
Riboflavin (B <sub>2</sub> )	2 mg.
Niacinamide	7 mg.
Vitamin B <sub>12</sub>	1 microgram
Vitamin K (Menadione)	0.5 mg.
Ascorbic Acid (C)	35 mg.
Folic Acid	1 mg.
Calcium (in CaHPO <sub>4</sub> )	250 mg.
Phosphorus (in CaHPO <sub>4</sub> )	190 mg.
Dicalcium Phosphate	
Anhydrous (CaHPO <sub>4</sub> )	869 mg.
Iron (in FeSO <sub>4</sub> )	6 mg.
Ferrous Sulfate	
Exsiccated	20 mg.
Manganese (in MnSO <sub>4</sub> )	0.12 mg.

(The need for manganese in human nutrition has not been established.)

# PRENATAL CAPSULES LEDERLE

*It's that last word which assures your patient the Lederle formula.*

And to relieve the excessive nausea of early pregnancy—

**GRAVIDOX**

Pyridoxine-Thiamine Lederle

Available in parenteral form for initial treatment; in oral form for continued therapy.

Solution: Vial of 10 cc.

Tablets: Bottles of 50 and 250



ORG. U.S. PAT. OFF.

LEDERLE LABORATORIES DIVISION AMERICAN Cyanamid COMPANY PEARL RIVER, NEW YORK

# Editorials

Why some doctors' fees are

resented • How many V.A. hospitals? • Tax complications for doctors • Extra punch for your collection letters

## Undermining Your Fees?

We know a doctor whose favorite expression is "There's nothing to it." He's apt to use the phrase when treating a patient, when recommending an operation, or when responding to a patient's thanks. He probably doesn't realize how often he says it—and how often it makes patients raise their eyebrows when they get his bill.

"If there's nothing to it," one of his patients commented recently, "then why does he charge so much?"

The strange thing is, this doctor's fees are actually lower than those of many colleagues. But by belittling his own services, he creates the impression that they aren't worth what he charges. And we have a hunch that a good many other M.D.s stir up similar fee resentment by the casual phrases they sometimes use.

The other day we watched a young surgeon suturing an old man's hand. The patient was nervous; and in trying to soothe him, the surgeon said: "It's just a small cut."

Quite obviously, the surgeon was minimizing the old man's trouble. In

the process, he was also minimizing his own services. Fixing a "small cut," as the patient later looks back on it, will probably seem to rate no more than a trifling fee.

Recently, too, a family doctor was trying to convince a hesitant housewife that she needed an appendectomy. "It's really a simple procedure these days," he told her.

The woman went through with it. But she remembered the doctor's words when she got his subsequent statement. "I can't see why a simple procedure should cost as much as \$175," she complained to her husband. She still hasn't paid the bill.

Many an M.D. gets so adept at certain procedures that he tends to view them as routine. But if his words convey this attitude to the patient—well, then who wants to pay more than a routine fee?

Don't get us wrong: We're not suggesting that you ever capitalize on the patient's fears. We *are* suggesting that you:

¶ Tell the patient as much about his case as your time and his intelligence allow. If surgery is indicated, let him know that there's always

some danger, but that vast precautions are being taken.

¶ Describe as many of the factors behind your treatment as you can. In other words, let the patient know what he's getting for his money.

¶ Banish from your conversation such casual phrases as "There's not the slightest cause for concern," "All you need is a prescription," and "Nature takes care of conditions like this." With most such phrases, you're simply undervaluing yourself.

### V. A. Waiting List

Have too many hospitals been built by the Veterans Administration?

According to Admiral Joel T. Boone, the V.A.'s chief medical di-

rector, "this contention is completely refuted by the size of the waiting list of veterans seeking admission . . . The waiting list of veterans who are eligible for hospitalization, and who have been certified by the Veterans Administration as needing hospitalization, has averaged more than 17,000 every day in the week for many months . . ."

We are disturbed by this statement. We are disturbed because, although the V.A.'s present hospital-building program is virtually complete, the V.A. waiting list remains. And if it can be used to justify the present V.A. empire, it can also be used to justify further expansion.

We note that it should be so used.

[MORE→

# Rauwidrine™

A COMBINATION OF RAUWILD® 1 mg. AND AMPHETAMINE SULPHATE 5 mg.  
IN ONE SLOW-DISSOLVING TABLET . . . NO BARBITURATES . . . NO HORMONES

*Better Mood  
Elevation Therapy*

**FREER FROM JITTERS, TREMOR,  
EXCITATION, INSOMNIA**

**Riker**

LABORATORIES, INC., LOS ANGELES 48, CALIF.

# newest

**broad-spectrum antibiotic**


# *Tetracyn*

Brand of tetracycline

For well-tolerated therapy of such common infections as:

Pneumococcal infections, including pneumonia, with or without bacteremia; streptococcal infections, with or without bacteremia, including follicular tonsillitis, septic sore throat, scarlet fever, pharyngitis, cellulitis, urinary tract infections due to susceptible organisms, and meningitis; many staphylococcal infections, with or without bacteremia, including furunculosis, septicemia, abscesses, impetigo, acute otitis media, ophthalmic infections, susceptible urinary tract infections, bronchopulmonary infections, acute bronchitis, pharyngitis, laryngotracheitis, tracheobronchitis, sinusitis, tonsillitis, otitis media, and osteomyelitis; certain mixed bacterial infections; soft tissue infections due to susceptible organisms.

is now available on prescription from

 **Laboratories**, Division, Chas. Pfizer & Co., Inc.

world's largest producer of antibiotics, discoverers of oxytetracycline and the first to describe the structure of tetracycline, nucleus of modern broad-spectrum antibiotic therapy.

Tetracyn is supplied as Capsules, Tablets, Oral Suspension (chocolate flavored), Pediatric Drops (banana flavored), Intravenous, Intramuscular, Ophthalmic Ointment, and Ointment (topical).

® TRADEMARK



**PFIZER LABORATORIES**, Brooklyn 6, N. Y.  
Division, Chas. Pfizer & Co., Inc.

SQUIBB ANNOUNCES TWO IMPORTANT

THE FIRST  
antifungal antibiotic

# MYCOSTATIN

SQUIBB NYSTATIN

***Highly effective for prevention and treatment of intestinal moniliasis***

The intestinal flora of patients treated with oral antibiotics, particularly the broad spectrum preparations, undergoes profound changes. In many cases there is a strong overgrowth of *Candida* (monilia), and the extent of overgrowth seems to be proportional to the amount of the antibiotic taken. This phenomenon does not necessarily lead to clinical moniliasis, but a considerable number of patients with an overgrowth of *Candida* have intestinal symptoms, including diarrhea, ulceration, anal fissure, and persistent pruritus.

When such effects are due to *Candida*, they can be prevented by Mycostatin. Established monilial infection of the gastrointestinal tract can be cleared up by Mycostatin in 24 to 48 hours.

'Mycostatin' is a Squibb trademark

*Dose: 500,000 units t.i.d.; to be doubled if intestinal fungi are not suppressed. Mycostatin is well tolerated by nearly all patients, and is compatible with the commonly used antibiotics.*

*500,000 unit tablets  
Bottles of 12 and 100*

BROAD SPECTRUM  
ANTIBIOTIC OF CHOICE

**STECLIN**

HYDROCHLORIDE

**Squibb Tetracycline Hydrochloride**

*Steclin is the newest broad spectrum antibiotic.*

- Fewer side effects, better tolerated than oxytetracycline or chlortetracycline.
- Greater stability in blood serum.
- Efficient distribution to tissues and body fluids.
- Fully effective blood levels.

50 and 100 mg.  
capsules  
Bottles of 25 and  
100  
250 mg. capsules  
Bottles of 16 and  
100

**SQUIBB**

The range of clinical usefulness of Steclin is similar to that of oxytetracycline and chlortetracycline. It is often superior to its analogs because therapeutic blood levels are achieved with fewer gastrointestinal side effects.

As with all broad spectrum antibiotics, overgrowth with nonsusceptible organisms, particularly monilia, may occur.

'Steclin' is a Squibb trademark

Who are these veterans on the waiting list? For one thing, they're men with non-service-connected ailments that are in no way related to their military service.

For another thing, they're mostly men who are now being cared for in state institutions—mostly mental patients waiting to switch to V.A. hospitals when space becomes available. Some 13,000 of the 17,000 on the V.A. waiting list fall in this category.

Thus, the men on the waiting list are not going without care. Most of them are getting it through state institutions instead of through Federal ones. And while the overcrowding of state mental hospitals has long been notorious, we're not so

sure that this automatically justifies the building of more and more V.A. hospitals. Why not more state hospitals instead?

We're even less sure that the V.A. waiting list justifies anything when we hear of its casual status in certain local areas. Some interesting testimony on this point comes to us from a physician employed in one of the smaller V.A. hospitals. We can't use his name, but we can vouch for the authenticity of the following report:

"The large waiting list emphasized in current publications is somewhat spurious. If the slightest medical eligibility were required before a patient were put on our waiting list, there would be no waiting list—

IN ANXIETY AND TENSION

## Sedation without hypnosis

IN HYPERTENSION

a safer  
tranquillizer and  
antihypertensive



nor would half the available beds be filled. These people are 'passed on' with no more of a medical examination to determine need for hospitalization than a night clerk at a hotel gives a guest.

"Perhaps all the veteran came to the hospital for was a chest X-ray or to have his blood pressure checked. His name is placed on the waiting list. Even if he tells the V.A. doctor that he does not want to be admitted, his name is placed on the waiting list. Three or four weeks later, when the patient census becomes low, the veteran receives orders (with transportation allowance) to report to the hospital. He dares not disobey, and so he goes. The admitting doctor sends him to bed with-

out examination. If asked why, he replies: 'This was a call-in case and must be admitted for a work-up.'"

We don't presume that this free-for-all policy prevails at the majority of V.A. hospitals. But even if it prevails at just a few of them, it renders the waiting list considerably less significant than some people would have us believe.

### Tax Complications

This magazine has been highlighting the Revenue Code revisions that affect most doctors directly. Now the time seems ripe to mention another new rule which, while it affects doctors only indirectly, could complicate their work in arranging

FOR MAINTENANCE THERAPY

As little as  
0.1 mg. per day

# Serpasil

a pure crystalline alkaloid of reserpine root first  
identified, purified and introduced by CIBA

CIBA SUMMIT, N. J.

## EDITORIALS

hospital admissions for patients.

The new rule is this: Sickness benefits paid to salaried employees who are off the job because of illness have been declared tax-free, up to \$100 a week. But during the first week of any illness, the sick person can claim this exemption only if he spends at least one day in a hospital.

In interpreting this new rule, U.S. News & World Report observes: "That requirement of one day in the hospital . . . may not be a harsh restriction for millions of workers. If they have hospitalization insurance . . . a day or so in the hospital may cost [them] nothing." The magazine concludes: "Some people are going to find it cheaper to get sick than to stay well."

Doctors are already being blamed for overcrowding our hospitals with patients who shouldn't really be there. Now, to avoid additional blame, they may have to act as policemen not only for Blue Cross, but for the Internal Revenue Service as well.

## Auditor's Signature

Want to add an extra punch to your collection letters? Try having them signed not with your own name, nor with your secretary's, but with the name of your auditor.

The impression this conveys of third-party management of your accounts seems to prod patients into paying. In fact, collection percent-

### COLLAGEN DISEASES:

Rheumatoid Arthritis  
Acute Rheumatic Fever  
Periarteritis Nodosa  
Lupus Erythematosus  
(early)  
Dermatomyositis

### HYPERSENSITIVITY DISEASES:

Asthma  
Hay Fever  
Urticaria  
Drug Sensitivity Reactions

### ACUTE INFLAMMATORY PROCESSES:

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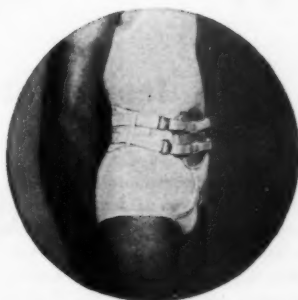
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1. Gordon, B. "The Mechanism and Use of Abdominal Supports and the Treatment of Pulmonary Diseases." *Am. J. Med. Sc.* 187:692, 1934.

2. Barach, A. L., Bicherman, H. A., and Beck, G. "Advances in the Treatment of Non-Tuberculous Pulmonary Diseases." *Bull. N. Y. Acad. Med.* 28:323, 1952.

3. Barach, A. L. and Beck, G. "The Value of Mechanical Methods of Aiding Respiratory Function." To be published.

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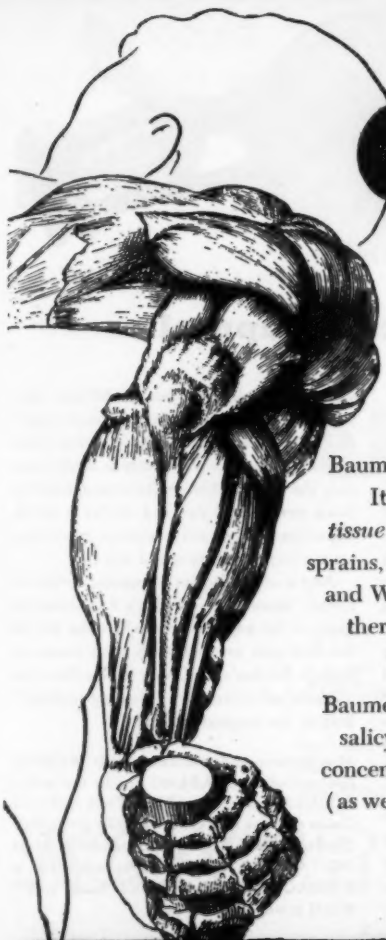
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<sup>1</sup>Brewer, W. D., et al: J. Am. Dietet. A. 30:21 [Jan.] 1954. <sup>2</sup>Murphy, G. H., and Werts, A. W.: J. Am. Dietet. A. 30:34 [Jan.] 1954. <sup>3</sup>Spies, T. D.: J. A. M. A. 153:185 [Sept. 19] 1953. <sup>4</sup>Zeman, F. D., in Stieglitz, E. J.: Geriatric Medicine, ed. 2, Philadelphia, W. B. Saunders Company, 1949, p. 136. <sup>5</sup>Sebrell, W. H., Jr., and Hundley, J. M., in Stieglitz, E. J.: Geriatric Medicine, ed. 3, Philadelphia, J. B. Lippincott Company, 1954, pp. 186-187. <sup>6</sup>Barborka, C. J.: Treatment by Diet, ed. 5, Philadelphia, J. B. Lippincott Company, 1948, pp. 607-608. <sup>7</sup>Seifert, M. H.: J. Am. Dietet. A. 30:671 [July] 1954.

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I. Lange, K., and Weiner, D.: J. Invest. Dermat. 12:263 (May) 1949.

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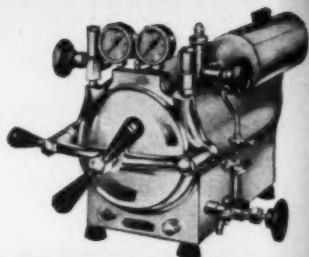
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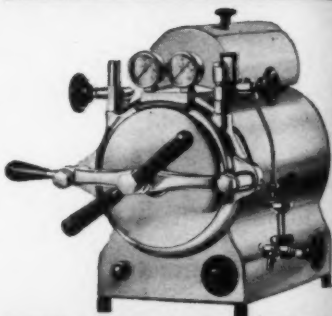
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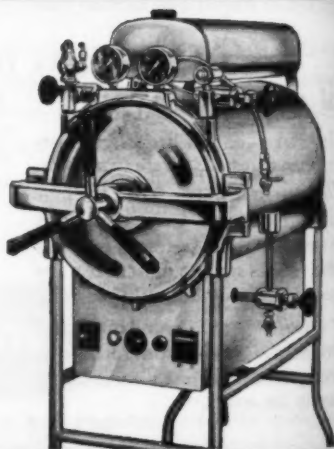
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*\*not to be confused with Normal Human Plasma, also produced by Hyland Laboratories.*



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Travert 10%-Electrolyte No. 2	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
Travert 10%-Electrolyte No. 3	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
Ammonium Chloride 3.14%	—	—	—	—	—	—	—	—	—
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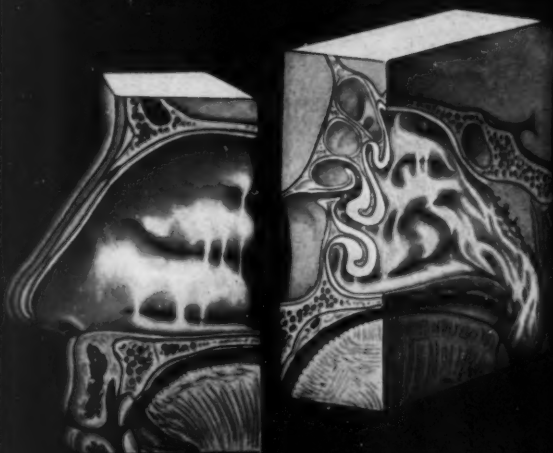
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### **PAREDRI<sup>\*</sup>N\*-SULFATHIAZOLE SUSPENSION**

*vasoconstriction in minutes—bacteriostasis for hours*

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★ T.M. Reg. U.S. Pat. Off.



The Suspension's microcrystalline sulfathiazole frosts infected turbinates and streams into the nasopharynx.





## How They're Insuring Those Major Medical Expenses

*Is there an answer to budget-breaking sickness costs? Many insurance companies think so. Here are the facts about the kinds of coverage they now offer and about their hopes for the future*

By C. Arthur Williams Jr.

● Within the past year, the number of Americans who've acquired major medical expense insurance has almost doubled. Some 1,500,000 persons are now protected against the cost of catastrophic illness.

That's a pretty impressive total—when you consider that such coverage was just a dream before 1948, and still only a budding infant in 1951.

Much of the job of nurturing major medical has been shouldered by the big commercial insurance compan-

---

MR. WILLIAMS is assistant professor of economics and insurance at the University of Minnesota's School of Business Administration.

## MAJOR MEDICAL EXPENSE INSURANCE

ies. Blue Shield has been considerably less active in the venture.\*

\*Only one out of every nine Blue Shield plans sells major medical expense coverage; and those that do sell it usually offer lower benefits than are available from commercial companies. (Among the exceptions: In Milwaukee, Blue Shield now writes a policy that compares favorably with any on the market. It pays three-quarters of the total expenses of a serious illness—up to a \$10,000 maximum benefit—after the patient has paid the first \$200. Premium cost: about \$60 a year for a single person.)

At last count, the commercial carriers that offered major medical expense insurance totaled thirty-one. Another six were contemplating it.

### Expansion Expected

Will the companies continue to stress such coverage? Yes—increasingly. It's a clear reflection of the insurance axiom that protection against the relatively rare, catastro-

## Who Writes It

Of the thirty-one commercial companies currently offering major medical expense insurance, nineteen write it on a group basis only, five write it on an individual basis only, and seven write both group and individual contracts. Not surprisingly, three out of every four persons with major medical coverage are insured under group plans. Here's the line-up:

### Group Coverage Only

Aetna Life Insurance Company  
Bankers Life Company  
Benefit Association of Railway  
Employees  
Continental Casualty Company  
Employers Mutual Liability Insurance  
Company of Wisconsin  
Fireman's Fund Group  
Group Health Mutual, Inc.  
Hardware Mutuals  
Home Life Insurance Company

Liberty Mutual Insurance Company  
Lincoln National Life Insurance  
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John Hancock Mutual Life Insurance  
Company  
Massachusetts Mutual Life Insurance  
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phic losses is more important than protection against the more common, less costly losses.

Insurance men say the doctor-sponsored plans often put too much emphasis on paying the smaller bills that most people could finance on their own. They hope the public will come to regard major medical as the basic coverage, the first-dollar type as purely supplementary.

Says Jarvis Farley of Massachusetts Indemnity:

"Some publicity has fostered the 'first-dollar' reimbursement philosophy. Among thoughtful insurance men, however, the philosophy of 'insure the catastrophe first' is predominant; and I expect it to be reflected in an education program that I hope will soon be started by the insurance companies." [MORE→

Pilot Life Insurance Company  
Provident Life and Accident  
Insurance Company

Prudential Insurance Company  
of America  
West Coast Life Insurance Company

### Individual Coverage Only

The Maccabees  
Monarch Life Insurance Company  
The Royal-Liverpool Insurance Group

St. Paul Mercury Indemnity Company  
Security Benefit Life Insurance  
Company

### Group and Individual Coverage

American Progressive Health  
Insurance Company of New York  
Connecticut General Life  
Insurance Company  
Equitable Life Assurance Society of  
the United States

Farm Bureau Mutual Automobile  
Insurance Company  
Federal Mutual Casualty Company  
Mutual Benefit Health and Accident  
Association  
New York Life Insurance Company

Not that the companies expect to drive Blue Shield and other "first-dollar" plans out of business. This *might* have happened, says a vice president of one big concern, if major medical had got under way ten years earlier. But, as matters stand, he feels that the public's acceptance of first-dollar coverage will be hard to reverse.

Even so, the executives queried

in preparation for this article believe the growth of major medical expense coverage will be rapid. *How* rapid? The consensus is that such policies will be counted in the tens of millions within the next decade. "In twenty-five years," says Edmund B. Whittaker of Prudential, "major medical will be as popular as other basic coverages are now."

When an insurance executive haz-

### What It Provides

As a doctor, you may have a double stake in major medical expense insurance: It can affect your practice; and you may want to take out a policy on yourself and your family. The list starting on the next spread shows what's available in such coverage *on an individual basis* from each of twelve companies. But, first, a few clarifying remarks about the terms used:

¶ Unless otherwise specified, the *deductible* amount quoted for any company in the list applies to each sickness or accident.

¶ The *co-insurance* figure listed is the percentage of the remaining cost of an illness that the insured must pay after having paid the deductible amount.

¶ *Time limit* refers to the period within which the costs of a single major illness must occur in order to be covered by the policy.

¶ *Special restrictions* imposed by the companies listed refer only to "unusual" limitations in a policy. (Almost

ards a guess about the future of major medical expense coverage, he does qualify his remarks, though. Much depends, he says, on the answers to questions like these:

¶ Can organized labor be sold on the concept? (The unions, according to one executive, could either "cut major medical's growth in half or double it" in the next ten years. So far, they have shown little enthu-

siasm for any plan that fails to cover *all* sickness costs.)

¶ Will the spread of major medical expense insurance lead hospitals and physicians to boost charges unreasonably? ("Charging on the basis of ability to pay is understandable," says Donald G. Stock of Equitable. "But if the country's physicians start charging on the basis of an *insurance company's* ability to pay, the

all major medical policies exclude coverage for occupational disease, services provided in government hospitals, injuries sustained in the armed forces, ordinary maternity cases, and treatment of nervous and mental disorders.)

¶ The *typical premium* cited for each company is the annual amount that a 44-year-old physician would pay for a policy covering himself, his wife (also 44), and two dependent children. Also, unless otherwise qualified, the quoted premium applies *only* to a policy with a \$500 deductible, a \$5,000 maximum benefit, and 25 per cent co-insurance.

Warning: Premiums vary widely from one company to another—but so do the benefits offered. If you're trying to weigh one policy against another, you'll want to consider *all* the factors present—not just price.

Now, for an idea of what the twelve individual companies provide, see the following pages.—————>

## MAJOR MEDICAL EXPENSE INSURANCE

end of major medical won't be far behind.")

Because of uncertainties like these, it's only reasonable to expect many changes in the policies in the years just ahead. To get a tip-off on what may be in prospect, I've questioned thirteen leading figures in the disability insurance field (for their names, see footnote, page 109). What follows is largely a sum-

mation of their opinions.

Edwin J. Faulkner of Woodmen Accident expects to see "hundreds of new ideas tried out . . . The ingenuity of the underwriter is without limit."

Mr. Whittaker agrees—though somewhat less approvingly: "The only way companies entering the field can get a place in the sun is by devising some new gadget that isn't

### WHAT IT PROVIDES (CONT.)

#### **American Progressive Health Insurance Company of New York**

Deductible: \$250 or \$500  
Co-insurance: 25 per cent or none  
Maximum benefit: \$2,500 or \$5,000  
Time limit: Six months  
Cancellation provision: Cancellable  
Special restrictions: None  
Premium: \$170

#### **Connecticut General Life Insurance Company**

Deductible: \$300 or \$500  
Co-insurance: 25 per cent  
Maximum benefit: \$5,000  
Time limit: Period of hospitalization, plus six months after discharge  
Cancellation provision: Cancellable, but "it is the company's present intention . . . that it will not terminate coverage . . . because of changes in health"  
Special restrictions: Covers only illness in which insured is hospitalized at least eighteen hours  
Premium: \$85

worth a damn but confuses the issue. Hence my opinion that lots of new ideas will be tried, most of which will be idiotic." (Prudential, by the way, was among the first to enter the field.)

It seems clear that competition will gradually kill off most of the "weak-sister" policies, leaving only those that are actuarially sound. In the long run, then, there may be

fewer types of contracts—but better ones—on the market.

Much of the debate over major medical expense coverage has centered around its restrictions. Obviously, some policy restrictions (as on extended psychiatric care) will always be necessary to protect the companies. Yet the basic concept dictates that such restrictions be kept to a minimum. [MORE→

### **Equitable Life Assurance Society of the United States**

Deductible: \$500  
Co-insurance: 25 per cent  
Maximum benefit: \$7,500  
Time limit: One year (no time limit as long as patient is "continuously confined" to hospital bed)  
Cancellation provision: Cancellable, but company "will not refuse renewal" solely because of change in the insured's physical condition  
Special restrictions: Does not cover drugs and medications used outside hospital  
Premium: \$90 (\$7,500 maximum benefit)

### **Farm Bureau Mutual Automobile Insurance Company**

Deductible: \$250, \$500, or \$1,000  
Co-insurance: 20 per cent  
Maximum benefit: \$5,000  
Time limit: None  
Cancellation provision: Cancellable  
Special restrictions: \$15 a day limit on hospital room and board  
Premium: \$61 (20 per cent co-insurance)

## MAJOR MEDICAL EXPENSE INSURANCE

The companies are eager to find a way out of this dilemma. What they're searching for is the happy medium between an *unsound* policy and an *unsalable* one.

In time, they'll probably ease some of the restrictions now current. For example, policies limiting benefits to hospitalized patients will become less common. Too, there'll be fewer policies that pay only totally

disabled persons. More and more, insurance men are realizing that a person can become financially strapped by sickness without being flat on his back.

But most of the present limitations on coverage seem destined to remain, even if in revised form. Here's a run-through of the major items:

*Deductibles.* The companies know

### WHAT IT PROVIDES (CONT.)

#### Federal Mutual Casualty Company

Deductible: \$300, \$400, \$500,  
\$600, \$700, \$800, \$900, or \$1,000  
Co-insurance: None  
Maximum benefit: \$5,000  
Time limit: Three years  
Cancellation provision: Cancellable  
Special restrictions: None  
Premium: \$55 (no co-insurance)

#### The Maccabees

Deductible: \$300 or \$500  
Co-insurance: 25 per cent  
Maximum benefit: \$5,000  
Time limit: None  
Cancellation provision: Cancellable  
Special restrictions: None  
Premium: \$84



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full well that abuses are cut and administrative work is lessened when the patient himself must pay the initial portion of each medical bill. That's the reason why most policies today provide for a deductible amount—say, \$200, \$300, or \$500 per year or per illness—and why the deductible is regarded as a fixture for the future.

Even so, there may be a trend

toward lower deductibles. Walter M. Foody Jr. of the Continental Casualty Company thinks that this is especially likely in group policies where major medical expense insurance is bought as a substitute for first-dollar coverage.

There may also be a tendency to quit figuring the deductible at so much per sickness. Many a doctor frowns on the per-sickness deducti-

### **Monarch Life Insurance Company**

Deductible: \$300 or \$500 (\$300-deductible available only to persons with no other form of health insurance)

Co-insurance: 25 per cent

Maximum benefit: \$5,000

Time limit: Five years

Cancellation provision: Company cannot terminate before age 65, but reserves right to change rates in future

Special restrictions: Does not cover room and board for first ninety days of hospital confinement; limit of \$15 a day for hospital room and board after ninety days

Premium: \$80

### **Mutual Benefit Health and Accident Association**

Deductible: \$500

Co-insurance: 25 per cent

Maximum benefit: \$7,500

Time limit: One year (or until discharge from hospital, if insured is hospitalized at end of year)

Cancellation provision: Cancellable

Special restrictions: Deductible costs can't be spread out over more than ninety days

Premium: \$126 (\$7,500 maximum benefit)

## MAJOR MEDICAL EXPENSE INSURANCE

ble since it can involve him all too easily in a controversy over which expense stemmed from which illness.

So insurance men are beginning to think more about applying the deductible to the person than to the illness. At least one company already offers a policy on an individual basis in which *all* medical expenses run up by an insured family during a

contract year may be applied toward the deductible amount. And several companies, too, are experimenting with the idea in group contracts.

*Co-insurance.* As most major medical expense policies are now written, the insured pays not only the deductible amount but also a portion of his remaining expenses (generally 20 or 25 per cent) before he begins to be reimbursed. Such co-

### WHAT IT PROVIDES (CONT.)

#### **New York Life Insurance Company**

Deductible: \$300 or \$500  
Co-insurance: 25 per cent  
Maximum benefit: \$5,000 or \$7,500  
Time limit: Two months before hospitalization through six months after discharge  
Cancellation provision: Cancellable, but company "will not refuse renewal" solely because of change in the insured's physical condition  
Special restrictions: Covers only illness in which insured is hospitalized at least eighteen hours  
Premium: \$111 (\$7,500 maximum benefit)

#### **Royal-Liverpool Insurance Group**

Deductible: \$250, \$500, or \$750  
Co-insurance: None  
Maximum benefit: \$5,000 or \$7,500  
Time limit: Two years  
Cancellation provision: Cancellable  
Special restrictions: None  
Premium: \$110 (no co-insurance)

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insurance is expected to remain an integral part of most major medical contracts. There is talk, though, of cutting the *amount* the insured must pay—down to, say, 10 or 15 per cent. At least one insurer thinks that co-insurance will be largely replaced, in time, by limitations on such items as hospital and surgical charges.

**Maximum Benefits.** Eventually, it may become possible to write a pol-

icy that specifies no limit to the company's liability; but that day is probably a long way off. For the time being, the best hope is that some companies will at least experiment with higher maximums. (To date, among individual policies, a \$7,500 limit is about tops.)

**Time Limits.** Most policies now limit company liability to expenses incurred within a stated period after

**St. Paul  
Mercury Indemnity  
Company**

Deductible: \$250, \$500, \$750, or \$1,000  
Co-insurance: None  
Maximum benefit: \$5,000  
Time limit: Two years  
Cancellation provision: Cancellable  
Special restrictions: None  
Premium: \$74 (no co-insurance)

**Security Benefit  
Life Insurance  
Company**

Deductible: \$200, \$300, or \$500 (deductible applies to entire family's expenses in a policy year)  
Co-insurance: 20 per cent  
Maximum benefit: \$2,500 or \$5,000  
Time limit: None  
Cancellation provision: Cancellable  
Special restrictions: Covers only expenses of hospitalized patients  
Premium: \$57 (20 per cent co-insurance)

the start of a major illness. But the typical time limit may become increasingly generous—perhaps three or four years rather than one or two, as is now common. Of course, time limits will always be relatively more stringent in individual than in group policies.

Some insurance leaders strongly disapprove the time limit in principle. "It's in conflict with the basic philosophy behind major medical," says one. Another calls time limits "the surest means of causing major medical to fail in its purpose"; long-term illness, he contends, is the chief cause of the very expenses that major medical is supposed to cover.

So it's at least *possible* that such sentiments will win out and that this restriction may some day be lifted.

## Can Company Cancel?

**Right to Cancel.** Most insurers still maintain the right to cancel an individual policy if, for example, the policyholder's health deteriorates. But few exercise that right. It's not surprising, then, that several companies have already made noncancellation for health reasons a contract right; and others are apparently getting ready to follow suit.

**Age Groups.** Up to now, few individual policies have been issued to persons over 60; but policies taken out at earlier ages have commonly been renewable up to 60 or 65. Chances seem good that underwriting standards in respect to age will gradually be relaxed a bit. But don't

expect miracles. Obviously, age is a more important factor in major medical than in first-dollar insurance.

**Good Health.** No physical examination is demanded of a prospective buyer of major medical. But he must, in applying for an individual policy, furnish written answers to some searching questions about present and past ailments. If the answers do not satisfy the company, coverage will be refused. In other words, only persons in reasonably good health can expect to get major medical expense insurance.

## Cheaper Rates Possible

Will there be any marked change in the next few years in the cost of major medical coverage? Probably not—assuming that the over-all cost of living remains about the same.

Currently, premiums for major medical tend to be roughly comparable to those for Blue Cross-Blue Shield. (For rates and other data about specific policies, see accompanying tables.)

Of course, premiums are bound to rise if policies are liberalized to any extent—or if medical costs shoot up unexpectedly.

On the other hand, it's possible that rates can *eventually* be lowered. Here are two reasons why:

1. Because major medical is still in its formative years, present premiums include a substantial safety margin. As more actuarial information piles up, it may be that this margin can be reduced.

2. Up to now, the main interest in major medical has come from older persons. But as the idea spreads, more younger people may be brought in. And since they're better risks, coverage will naturally become less costly.

The companies report some success already in extending coverage to these better risks. Mr. Whittaker says the Prudential "recently put on a campaign on an employee-pay-all basis among our own employees, using no pressure whatever, and got a 75 per cent participation right down to the lowest income brackets."

### Doctors Worry Them

The average insurance executive is convinced that doctors hold the life-or-death power over major medical rates. The big question seems to be: Will the doctors abuse that power?

Some insurance leaders are not too optimistic. One of them has summed up the general fear this way:

"As the public and the doctors get more wise to the benefits of major medical, the cost is bound to go up, particularly because of the physicians. The modern practitioner is all too inclined to stick his patients in the hospital, where he can see a lot of them in a short time, regardless of expense."

Says another: "If the medical profession fails to apply the brakes to certain of its members, major medical can fail. In that event, the public will lose confidence in an important

experiment in voluntary health insurance, and the case for socialized medicine will be that much stronger."

Most insurance men, though, seem to take the brighter view. They think major medical is the best idea yet in health insurance. And they believe the doctors of the country will recognize it as such and give it their support.

### 'A Real Solution'

By resisting patients' demands for unnecessary and unreasonable service and by avoiding the temptation to pad insured patients' bills, says one of the insurance industry's more hopeful spokesmen, American physicians will "help make this experiment a real solution to the problem of meeting the cost of medical care."

END

NOTE: In the preparation of this article, the following authorities were consulted: Horace W. Brower, president, Occidental Life Insurance Company; Jarvis Farley, secretary and treasurer, Massachusetts Indemnity Insurance Company; Edwin J. Faulkner, president, Woodmen Accident Company; Winston S. Fleiss, vice president, Johnson & Higgins, insurance brokers; Joseph F. Follman, general manager, Bureau of Accident and Health Underwriters; Walter M. Foody Jr., chief actuary, Continental Casualty Company; John H. Miller, vice president and actuary, Monarch Life Insurance Company; Howard A. Moreen, secretary, Group Division, Aetna Life Insurance Company; Donald G. Stock, special underwriter, Equitable Life Assurance Society of the United States; Charles N. Walker, assistant actuary, Lincoln National Life Insurance Company; Edmund B. Whittaker, vice president and actuary, Prudential Insurance Company of America; James R. Williams, director of public relations, Health and Accident Underwriters Conference; A. M. Wilson, assistant manager, Accident and Health Department, Liberty Mutual Insurance Company.

# Indoor-Outdoor Office

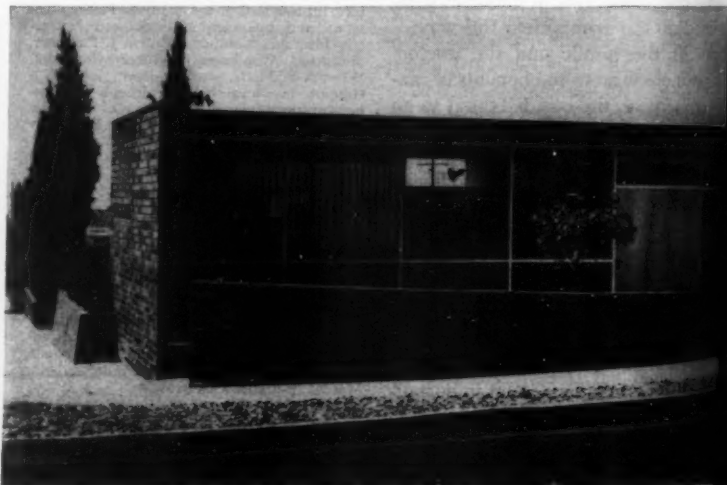
*At all times of the year, patients welcome the extras in this building: an unusual degree of privacy in the treatment areas, and an unusual amount of variety in the reception areas*

By Lois Hoffman

● It's been estimated that fully one-third of the people who visit a doctor's office don't come there as patients. Too often such visitors, whether adults or children, overcrowd the reception room unnecessarily. The result is apt to be an atmosphere of restlessness and confusion.

John G. Manning and C. W. Lambert, orthopedic surgeons in Pasadena, Calif., kept this in mind when considering plans for their new office. By way of encouraging visitors and sun-loving patients to wait outside, they arranged for paved waiting areas on two sides of the

ARCHITECTS: SMITH AND WILLIAMS, PASADENA, CALIF.



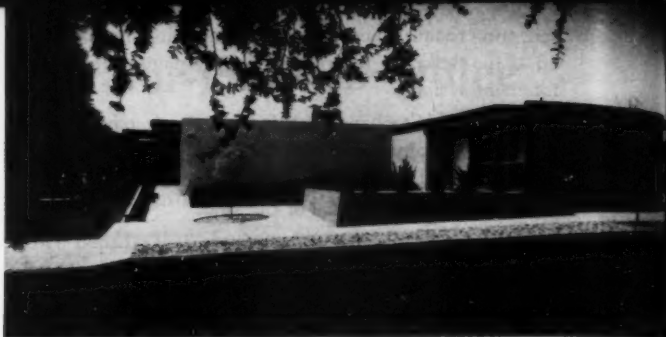
reception room. When someone sitting outdoors is wanted at the desk, the receptionist simply pages him on an intercom system.

"We wouldn't change a thing about our office, even if it were located way up north," says Dr. Manning. "Visitors could still enjoy the open-air waiting rooms at least three or four months of the year."

Another reason why the doctors are well satisfied with their building: It was laid out for efficiency and privacy. The treatment rooms, for example, are near the emergency entrance but well separated from reception areas. One corner of each examining room is curtained to form a dressing alcove. And there's a special dressing cubicle and waiting room for X-ray patients. [MORE→

**OPEN-AIR WAITING AREA** in front is located just behind low, curved brick wall. (There's also a patio in rear.) Porcelain-enameled steel louvers, at right, shield consultation-room windows. Note conspicuous street-number signpost. Hollow brick, used in some walls, can be laid quickly and cheaply; air spaces in brick provide good insulation.





**REAR PATIO**, parking area, and ramp to emergency entrance at left are illuminated at night by floodlights in roof overhang. Intercom loud-speaker is located at left of rear entrance to reception room.







**CONTROLLED DAYLIGHT** indoors is achieved by roof overhang and heavy curtains. Chance of window breakage is reduced by cushion mounting in aluminum frames, which require no maintenance.

**NO WASTE SPACE** in this layout: There are seventeen rooms, plus parking and open-air waiting areas, within the borders of a 65'x128' lot. To ensure absolute privacy, examining rooms have no window space; but they're air conditioned and well lighted. Staff room is used for conferences; it has kitchenette where aides prepare their lunch. [MORE→]

## INDOOR-OUTDOOR OFFICE



**WALL-LENGTH GARDEN** and brick wall contribute atmosphere in consultation room. Specially designed desk has X-ray viewing box built into one drawer. The two consultation rooms, with patients' lavatory between, have extra soundproofing in walls. Thick carpets and acoustical plaster ceilings also cut down the sound transfer.



**BACK-TO-BACK** arrangement of chairs, with long table between, keeps waiting patients from getting that stared-at feeling. Grille high in panel beside receptionist Jean Webber's desk conceals intercom speaker. All lights in building can be controlled from panel in business office.

**BROAD VIEW** from desk encompasses reception room and entrance hall, as well as outdoor waiting areas. Like most other rooms in building, those shown here have vinyl tile floor, which is acid-resistant and easy to clean. [MORE→

## INDOOR-OUTDOOR OFFICE



**ROLLING PLATFORM** under waste can in cast room makes disposal easy. Trap for plaster (at right, below sink) helps keep pipes from clogging.

**TOUCH-PLATE LIGHT SWITCH** is noiseless and can be operated by nudge of elbow if nurse has both hands full. Ceiling-mounted X-ray crane has wide travel range, moves directly over a stretcher when necessary. Sliding door is extra-wide to allow easy passage of stretcher from X-ray room to cast room.





**X-RAY WAITING ROOM** avoids unnecessary tie-up of examining rooms. When patients are to have X-rays before seeing the doctor, they disrobe in curtained dressing cubicle, then wait their turn. Black composition-board sliding doors cover cabinets where inactive X-ray films are stored. Door at left leads to small storage room. END

# What to Watch Out For When You Invest Abroad

*Before you hop aboard that foreign gravy train,  
better make sure that it's on the right track*

By Raymond Trigger

● "How about that? Doesn't it look like a pretty enticing opportunity?"

The speaker was a surgeon I've known for years—a cautious man in most things, but one who sometimes likes to take a flier in the market.

This evidently was one of those times. He'd been given a tip on an Australian oil stock.

The company, so the story went, had made a great new discovery and was all set to exploit it. If a fellow got in on the ground floor, he might make a fortune.

"What do you think?" he asked eagerly.

I really couldn't say. Sure, it *sounded* good; highly speculative deals often do. But there simply wasn't enough information available.

"All I can tell you," I said, "is that I wouldn't leap before taking a more careful look."

I gave the incident no further thought until one morning this past summer. I had just sat down at my desk and was about to check through the financial section of the New York Times when my telephone rang. It was my surgeon friend.

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THE AUTHOR is editor of *Investor* magazine.

"Have you seen it?" he asked excitedly.

"Seen what?"

"The story in the Times—on that Australian oil well stock."

There it was, right before me:

"SYDNEY, Australia, Aug. 3 (AP)—In less than one hour of trading today, the value of Australian oil stocks tumbled nearly \$63,000,000.

"Oil, and, to a lesser extent, uranium stocks, suffered one of the worst setbacks in Australian financial history.

"The slump followed an announcement last night that oil had not been found at a second well in the Rough Range of Western Australia. Oil was found at the No. 1 Rough Range last year. The second well was drilled to the same depth, but found only salt water . . ."

"Were you caught?" I asked.

"No, I wasn't," he told me. "I took your advice. I asked around. I couldn't get any hard facts about the stock, so I cooled off. Am I glad?"

This man was lucky. He'd learned—at no cost—that many a pitfall awaits the unwary investor who blunders into foreign investment deals.

Don't get me wrong. There are plenty of poor-risk domestic investments, too. But caution goes double when you buy foreign ones. There are at least four reasons why:

1. Since you're far from the scene, you'll probably find it hard—if not impossible—to get accurate, first-hand knowledge of the company's history, the details of the specific securities, the economic and legal problems affecting the country in question, etc.

2. Because of distance, too, you may find it hard—and perhaps expensive—to get a broker to handle the purchase. (Of course, you eliminate the distance factor if you buy a security while visiting a foreign country. But when you want to sell the security, you may not find it

## WHEN YOU INVEST ABROAD

convenient to take another trip part-way around the world.)

3. Few foreign stocks and bonds are subject to anything like the regulations that the Securities and Exchange Commission has imposed on American market trading.

4. While the newly revised Internal Revenue Act gives favorable treatment to the American investor, the benefits cover only income from *domestic* holdings. You'll get no tax break on your foreign investments.

When you invest abroad, you may also be venturing into the unknown. So don't be surprised if you wind up with a feeling that you've been playing an elliptical roulette wheel. For example:

Just last fall, a 60-year-old G.P. from Boston took a vacation in Mexico. When he returned, he was bubbling over about an investment discovery he had made.

Briefly, this is what he had learned: Mexican Government saving bonds would double in value in ten years. They were similar to our own Series E bonds. That is, they could be turned in at any time, with the redemption value scaled higher each year. Foreigners were eligible to buy the bonds. They were tax-free (in Mexico). And, to add spice, there was even a lottery feature: Bond numbers were drawn every quarter and handsome prizes passed out.

It all seemed pretty enticing—especially since the doctor had seen how Mexico was bursting with signs of economic development. So he

turned in U.S. currency at the rate of 8.6 pesos per dollar and collected a sheaf of Mexican bonds.

Everything seemed rosy until April 17, 1954. On that date came a flash announcement: The Government of Mexico had decided to devalue the peso. The new rate of exchange: 12.5 pesos to the U.S. dollar. Overnight, one-third of his investment had been wiped away.

Fortunately, the loss isn't necessarily irretrievable. If the doctor hangs onto his bonds for five years, he may break even. If he waits longer, he may even make some profit. And, of course, there's still the lottery feature.

Even so, it's clear that there's often more to a foreign investment than meets the eye.

### Bargain in Britain

Then there was the retired obstetrician who took a pleasure trip to England two years ago. To his delight, he spotted what looked like a wonderful deal. Certain securities were available in London for 15 per cent less than their going prices in the U.S.

When this man sailed for home, he carried with him a bundle of Japanese bonds he'd picked up "practically for a song" in London. When he landed, he figured he'd turn them over for a quick 15 per cent profit and thus cover the cost of his trip.

Of course, he should have been suspicious of anything so simple. If this had really been a good idea,



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sharp traders would have picked it up long before the doctor did. Far less than a 15 per cent margin attracts wolves to the scene. When an arbitrage operation is in the wind, shrewd traders will often work hard to uncover a play showing a net profit of even half a point.

What was the joker in the deck? In this case, British law. It froze the doctor's money in England.

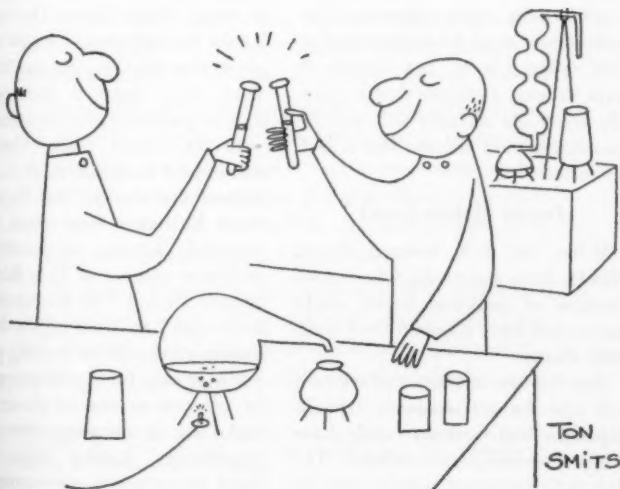
For the overseas investor who wants to shake off all shackles of government regulations and other barriers to trade, there's always Tangier, the exotic North African free port where almost anything goes.

For one thing, the Tangier market crawls with gold at bargain prices. The U.S. Government pegs gold at

\$35 an ounce; but in Tangier, a Colombian five-peso piece containing about a quarter ounce of gold sells for just \$8. One globe-girdling physician I know brought home a number of these and other gold coins. He didn't have to pay duty on them since, in small quantities, they're considered collectors' items.

Gold trading is just penny-ante stuff in Tangier, though. The more venturesome trader is offered stock packages (a free-wheeling Moroccan variety of mutual fund). And the man who likes to live dangerously can even get involved in a multi-corner deal in which, say, he buys German machinery by sending U.S. dollars to Britain for Swedish timber.

[MORE→



Actually, Tangier's days as a mecca for speculation may be numbered. Foreign economies are gradually returning to something close to normal, so there's less and less chance for abnormal profit in Tangier.

### **Gilt-Edged Deal**

Instead, the spotlight is shifting to the various dollar bonds that are easily available in the American market. As foreign investments go, some of these bonds are gilt-edged. Not only are they payable in dollars, but they're not subject to home-country currency fluctuation or freeze. Among the dollar bonds that enjoy a high rating are those of Canada, Australia, Belgium, The Netherlands, Denmark, Norway, and Cuba.

Admittedly, some countries (Yugoslavia, for one) have defaulted on their dollar bonds. But there's always at least a chance that a virtually worthless security will make a comeback. And therein lies a dramatic story:

### **Japan Makes Good**

When the U.S. entered World War II, those Americans who owned German or Japanese bonds might just as well have papered their walls with them.

But the war is over; and we now call our former enemies friends. Japanese and German bonds have made a tremendous comeback. The Tokyo Government was, in fact, so

eager to regain its world standing that it announced, in effect:

"Give us ten extra years to pay off these bonds, and we'll meet our obligations in full—including every last cent of back interest."

Not surprisingly, these bonds—worthless so long—suddenly soared high above their par value.

Market men in the know have also profited handsomely from the dollar bonds of Brazil, Chile, Peru, and Costa Rica. Some of these securities afford a 5, 6, or 7 per cent return and are reasonably safe investments.

### **They're a Gamble**

You have to choose carefully, though. For if the government issuing the bonds is at all unstable, a mere rumor of its reorganization may cause security prices to drop—or jump. Take Greek Government bonds, for instance: I know several physicians who've plunged in them. They *may* make a fortune. But they're gambling, not investing.

Dollar bonds aside, there are other good investments to be made around the world. The New York Stock Exchange lists about twenty reputable foreign corporations, as well as a number of U.S. firms that operate abroad. The American Stock Exchange has about eighty-five Canadian stocks on its trading posts.

There may be a golden opportunity for you in one of these. But I make this simple suggestion: When opportunity knocks once, better think twice before answering. KNO

# Why Twenty Patients Went To Quacks

*The dupes aren't always just miracle-seekers. Sometimes they're intelligent persons whose former physicians have alienated them*

By Beatrix Cobb, PH.D.

● One of the most frustrating problems confronting physicians working in the cancer field is the patient who detours to nonmedical practitioners. When the detour occurs during the early stages of the disease, it often becomes the deciding factor between control and a fatality.

Who detours to quacks? Why do they detour? What determines their unswerving loyalty, which makes it almost impossible to secure testimony against the quack? What is the key to the nonmedical practitioner's success?

To get answers to these questions, I recently interviewed twenty patients who had detoured to nonmedical sources for treatment when cancer was suspected. I found four categories of such patients: the miracle-seekers, the uninformed, the restless, and the straw-graspers.

Let's take a brief look at each of them:

The miracle-seeker is the person who is in search of a sure cure overnight. This is the woman who sends for a prayer cloth when she realizes she has cancer of the breast. Just last year, one such woman depended upon

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THE AUTHOR is a research psychologist at M.D. Anderson Hospital, Houston, Tex. The unusual study she describes here was originally reported in *The Psychiatric Bulletin*.

## WHY TWENTY PATIENTS WENT TO QUACKS

her prayer cloth for six months before seeking medical help.

She confided, then, that she had fully expected on waking each morning to find the fungating mass in her breast gone. In the six months, the disease had become uncontrollable. She now is terminal; and she still believes that the failure of the prayer cloth was due to her sins.

### They Just Don't Know

The uninformed group was the largest of the four categories mentioned. Although people with little or no education formed the bulk of this group, some of those interviewed were by no means illiterate.

For instance, one intelligent man of 42 had completed high school and a business course. He explained his detour as follows:

"Well, to tell the truth, I went to a nonmedical practitioner without really knowing the difference between an M.D. and other people who call themselves doctors. The only time I remember going to a doctor was when I had my tonsils out. Someone told me this man was good with cancers, and I went."

Many people seem unaware of the difference between genuine cancer specialists and nonmedical cancer clinics. A 78-year-old man had been under treatment in a cancer clinic that flourishes without benefit of medical approval. His daughter expressed the following idea:

"When any of us is sick, we go

to a doctor right away. That's why, when Daddy got this skin cancer, we took him to Blank Clinic. They specialize in cancer, you know, and we didn't want no experimenting on my Daddy."

What make some people so restless under medical care that they feel impelled to consult quacks? Several psychological factors seem to be operating.

One man of 46, who had completed the seventh grade, went to a quack because his former physician had recommended surgery. He preferred to take his chances with the cancer rather than with the surgeon's knife. So when a friend recommended a nonmedical practitioner who gave "pills and ointment," he promptly sought the quack's help.

Another man of 53 became impatient during the two-week diagnostic period required for adequate medical work-up and laboratory analysis. He withdrew from the clinic and went to a quack, who gave him treatment within the hour. Several months later, he returned to the clinic and, somewhat shamefacedly, confessed:

"It just took so long to get anything done here that I got 'antsy.' You know, when you've got cancer, every minute counts. And when you just sit around waiting for two whole weeks, and all they do is examine you once or twice, and then just stick you every day for a blood test . . . well, you get impatient."

Finally, there are the graspers at straws. These are the persons to whom the doctors have said: "We have done all we can. There's nothing more that medical science can do."

Few people can accept such an ultimatum.

This group often contains people of high intelligence and professional training. An accomplished young oral surgeon explained his detour logically in these words:

"The report was malignant melanoma. The doctors' final decision was to take off my left arm and shoulder. I thought it over and decided against it . . . I had studied melanoma, and I knew there was no real hope in that kind of tumor—that there was no adequate control.

"Surgery was the only hope. Yet if I consented to surgery, it would mean financial difficulties for the family, and turning to another means of livelihood for me, with all chances against me at my age. So, looking at it all around, I thought it best to continue as long as I could, to get a partner who could be trained to operate the shop when I was ill, or after I was gone. That way, the family would still have some means of support.

"This has now been accomplished. Since that time, I heard about this biochemist down in Florida. He was giving pituitary extracts and insulin and a strict diet. I knew he could do me no harm. So I went."

Whether the patient is searching for miracles, grasping at straws, or seeking action, he'll seldom speak disparagingly of the quack he has visited. But he'll have no such scruples against voicing his disapproval of the physician.

Why this astonishing loyalty to the quack, even when his treatment fails? A 56-year-old woman, with one year of college to her credit, explained it eloquently:

"They were all so courteous to me, I'm going to stay with them no matter what else I do. The last doctor I went to was abrupt. He said I was in some stage of cancer, and the way he said it scared me to death. But these other people said, 'Look on the bright side and enjoy life all you can!'"

### Raiding Party

A lovely young woman of 23, a high-school graduate, was approached by a quack-follower while waiting for an appointment in a medical clinic. Later, she described the appeal to her this way:

"I get a little nervous sometimes. I really got nervous before I came down here, because none of the doctors would hold out any real hope; they just kept saying that they would keep me alive with blood transfusions, and then maybe a cure would be found. I don't want to be just kept alive . . . I want to get well.

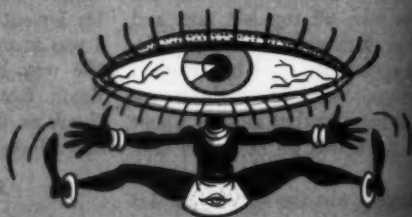
"That's the reason I was tempted by the quacks. [MORE ON 225]

# Specialism Comes The Medicine Man

*The complaint from South Africa is that the family witch doctor is dying out. More and more medicine men are limiting their practices—witness the masks they're wearing this coming*



**Rhinolaryngologist**



**Ophthalmologist**



**Dermatologist**



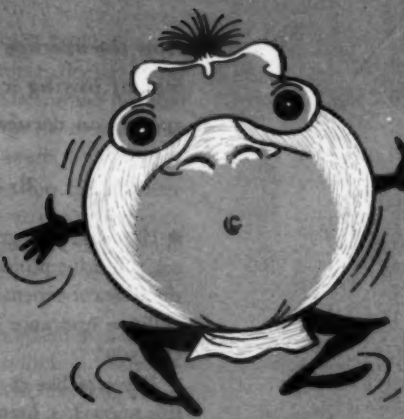
Otologist



Urologist



Orthopedist



Obstetrician



Pediatrician

A. K. KAPLAN

## The Cost of Car Ownership

*How the average physician approaches the problem of buying a new automobile—and what he spends on recurring expenses like insurance*

By Kenneth P. Andrews

● How did you go about buying—and paying for—the car you drive professionally? How much do your tax-deductible car expenses amount to? How much liability and collision insurance do you carry—and how much does it cost you?

If you're like the typical physician polled recently by this magazine, here are your probable answers:

You bought your present car from a dealer with whom you've done business for years—and you paid him in cash.

Your tax-deductible driving expenses come to roughly \$700 a year (between 90 and 100 per cent of the over-all cost of running your car).

You pay a little less than \$150 a year for your automobile insurance.

These are a few high spots on the financial aspects

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THIS ARTICLE is the second in a series based on a recent survey of doctors' car-driving habits. Last month's article reported, among other things, that the average physician's professionally used auto is more likely to be a Ford than any other make; that it's at least two years old; and that it's probably a sedan. Subsequent articles will take up such topics as parking, auto accessories, and the subtle art of getting along with the police.



of car ownership. Now let's take up the findings in greater detail:

*Buying the car.* About two out of every three doctors surveyed say they paid cash for the auto they drive professionally. Among the minority of physicians who financed at least part of the initial cost, 53 per cent did so through a bank. Other purchase-fund sources:

¶ A finance company (29 per cent).

¶ The person who sold the car (14 per cent).

Do dealers ever offer special discounts to doctors? Only a few medical men seem to think so. Many more feel that the physician usually has to pay *at least* the current market price for his auto—and sometimes more.

Says one surgeon from a large Midwestern city: "Whenever a dealer around this area finds out you're a doctor, he not only boosts the price a few hundred dollars, but tries to load you down with a flock of useless accessories besides."

Another physician complains that medical men have a hard time getting a decent trade-in on their old cars: "A dealer once told me we've got a reputation as dangerous, careless drivers, who take poor care of our cars. Next time I shop for a new model, I think I'll pretend to be a doctor of divinity!"

This doctor, like some others, believes that it's important, before buying a car, to compare the prices quoted by at least a half-dozen dealers. But most medical men seem reluctant to shop around. They tend to agree with another respondent, who says, "The best advice I can offer is this: Buy each new car from a man you know and trust—preferably the same dealer who does your servicing and repairs."

Such a policy, several of the doctors point out, may result in your getting better trade-ins; the dealer will presumably know that your old car has been well taken care

## THE COST OF CAR OWNERSHIP

of. And by the same token, adds a Southern practitioner, "I've found that a dealer takes better care of my car if he knows he'll eventually get it as a trade-in."

Here and there, a respondent reveals a favorite method of getting the best possible deal in a new car. One way, of course, is to buy just before the next year's models come out. Another possibility is to see what dealers in "off brands" have to offer.

But as for *really* good buys . . . Well, very few physicians say that they've ever come across a first-rate

bargain—or that they ever expect to.

**Operating expenses.** What percentage of the over-all cost of running his professional car does the average doctor consider a professional expense—and therefore tax-deductible? Here's a breakdown of the doctors surveyed according to the deduction claimed:

	of M.D.s deduct		of car costs
65%		90-100%	
12%		80- 89%	
10%		70- 79%	
4%		60- 69%	
6%		50- 59%	
3%		under 50%	

## Physicians' Automobile Insurance

### Personal Liability

14%	of M.D.s have coverage of	\$ 10/20,000
14%	" "	20/40,000
38%	" "	50/100,000
33%	" "	100/300,000
3%	" "	other limits (or no coverage)

### Collision

54%	of M.D.s buy	\$ 50-deductible
23%	" "	100-deductible
4%	" "	other forms
19%	" "	no coverage

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## Insurance Coverage

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Before you weigh these figures against your own tax-deduction policy, remember this: Most of the doctors surveyed own two cars; so they tend to reserve one of them almost exclusively for professional use. Among doctors with only one car, the average percentage of expenses considered tax-deductible is notably lower.

### Dollar Costs

In terms of dollars, the average doctor's professional car expenses amount to something between \$600 and \$800 a year. But expenses vary

widely from one man to the next, as the following table shows:

10%	of M.D.s	claim	car	under \$200
expenses	yearly	of		
14%	"	"	"	\$ 200-399
22%	"	"	"	400-599
24%	"	"	"	600-799
14%	"	"	"	800-999
9%	"	"	"	1,000-1,200
7%	"	"	"	over 1,200

*Insurance.* If you're like most of your colleagues, you spend slightly less than \$150 a year for car insurance. The survey indicates, too, that you probably carry a \$50-deductible collision policy and either \$50,000/\$100,000 or \$100,000/\$300,000 liability coverage. A glance at the accompanying table will fill you in on the details.

The specialist, with his generally higher income, is naturally more vulnerable to expensive auto-accident lawsuits than is the general practitioner. So it's not surprising that 42 per cent of the specialists surveyed have top liability coverage, as against 22 per cent of the G.P.s.

On the other hand, city doctors apparently do *not* carry more insurance than rural and suburban M.D.s—even though judgments against motorists are known to run considerably higher in urban areas. This *could* mean that some doctors buy coverage according to the premium rate rather than according to their actual needs—a practice that experienced insurance counselors frown on.

END

### Premium Costs\*

of	M.D.s pay	under \$50
annually		
21%	"	\$ 50- 99
30%	"	100-149
22%	"	150-200
23%	"	over 200

\*For all auto insurance carried, including fire and theft.

# My Nephew Wants to Be A Chiropractor!

*Homer brought home the catalogues from nine chiropractic schools—and that's when the argument about chiropractic education began*

By Barton Lawden, M.D.

● "Chiropractors have Cadillacs, too. Why spend four years at college, *and* four more years at medical school, *and* a year or two more as an interne? I could become a doctor in thirty-six months by studying chiropractic."

That's my nephew Homer speaking. Homer constantly searches for short cuts. He figures that it would take nine years after high school to become a doctor-doctor, as against only three to become a chiropractor-doctor.

"Three years?" I said, when he first broached the subject. "But these chiropractic fellows are always saying that they have a four-year course . . . though I'll grant you four years is less than nine."

Homer informed me that chiropractic schools have a collapsible year. A school year lasts nine months; so by taking only Christmas and Easter vacations, the student can rack up all thirty-six school months in three years.

"Well!" I said. "And tell me: What do they actually teach the student?"

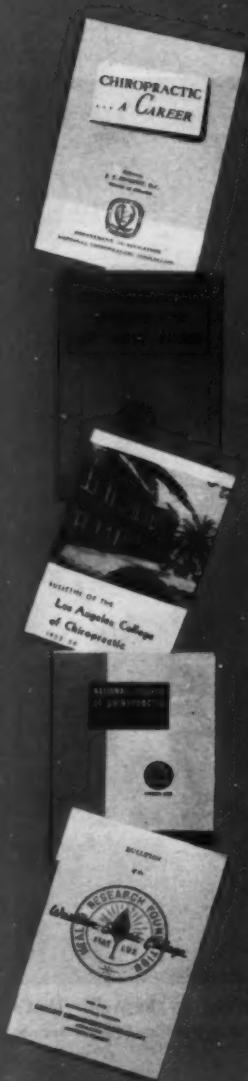
[MORE→]

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THE AUTHOR, who writes here under a pen name, is a practicing physician in the East. His quotations from chiropractic-school catalogues are to be taken seriously, he says—much more seriously than he himself takes his nephew Homer.



**LOOKS LIKE MEDICAL SCHOOL**, except for the writing on the walls. That's what an impressionable young man might think of this Palmer School scene.



## TO BE A CHIROPRACTOR

Homer came back to my office, a few days later, to answer that question. He brought along nine catalogues—the official course announcements of the eight chiropractic colleges accredited by the National Chiropractic Association, plus the Palmer School catalogue. (The Palmer School, generally known as “the chiropractic fountainhead,” is not approved by the N.C.A.)

### Lincoln Had No Degree

“Homer,” I said, “don’t you think a student should be a college graduate before he embarks on the study of a healing art?”

This was a kind of rhetorical question, since any college that would give Homer a degree would soon lose its accreditation. But Homer had a quick reply:

“Abraham Lincoln never went to college, and *he* was a great man. Besides, name one subject you learn in college that’s any help to a medical practitioner. Calculus? Ancient history? English literature? Name one!”

I tried to explain that college is a maturing experience, more than a knowledge-acquiring stint. A bit later, I even dug up the report of an impartial committee (there wasn’t an M.D. on it) that had recently in-

**CHIRO CATALOGUES** map quick route to “doctor” degree, three years after high school.

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vestigated this question for the New Jersey legislature. From the report, I read Homer these words:

"A college level of study is required before an individual can absorb professional training. Few youths coming direct from high school are mature enough to undertake the equivalent of a medical school course."

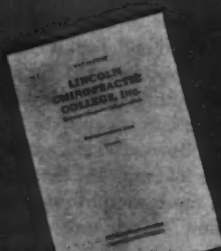
Even to this, Homer had a snappy comeback. He showed me a booklet in which an officer of the National Chiropractic Foundation was quoted as saying:

### Germ Theory Exploded

"The amount of preprofessional training has little correlation with success as a practitioner . . . To insist on high entrance requirements would discourage many capable people . . . Many of the subjects formerly thought to be indispensable to all who engaged in the healing arts have been rendered obsolete by the chiropractic principle. For example, bacteriology, extremely important from the medical viewpoint, is chiropractically unimportant, since the germ theory of disease has been thoroughly exploded."

There was apparently no changing Homer's mind. He had convinced himself that he didn't have to

**VARIED CURRICULUMS** include courses like genetics, house plumbing, and advertising.



## TO BE A CHIROPRACTOR

be an educated man in order to be a "doctor." Besides, he had a confession to make: He didn't like the idea of messing around with cadavers.

"In some chiropractic schools," he told me, "the teachers have found a more sanitary way to study anatomy." And, sure enough, the catalogues of the Chiropractic Institute of New York and the Canadian Memorial Chiropractic College in Toronto proved him right: Both those institutions say they teach anatomy by lectures, demonstrations, charts, and models.

### How to Advertise

"Another thing," said Homer. "In medical school, you were taught the art and science of medicine, but no one ever taught you how to collect bills or solicit patients. Now look at this: That Canadian college says right here on page 20 that 'the college auditing staff instructs students in the keeping of accounts, collections, and income tax problems.'"

"What was that about soliciting patients?" I asked, in a mild state of shock. Homer showed me: Both the Palmer School in Davenport, Iowa, and the Lincoln Chiropractic College in Indianapolis teach advertising. (The National College of Chiropractic in Chicago offers similar training; only there it's called "practice building.")

"Just look how varied these curriculums are!" Homer burbled. Whereupon he leafed through the

catalogues and found several subjects that I can't even find in the dictionary. For instance, the student can learn *skeletology* at New York's Chiropractic Institute, *vitaminology* at Chicago's National College, and *reflexology* at the Texas Chiropractic College in San Antonio.

### 'Toggle Recoil'

I took a few catalogues from Homer and opened them at random. The Texas school, I noted, teaches toggle recoil (it allots 54 hours to this). The same school offers a course in iris diagnosis—the technique of diagnosing general diseases by charting the human iris. (Of course, if Homer elected to take it, he'd have to shell out \$30 for the iriscopes.)

"The Palmer School looks like a better bet for you," I told Homer. Its catalogue lists at least one course that Homer could use: personal efficiency. According to the catalogue, this course teaches the future chiropractor "the details of conducting an office, the best methods of approaching a patient, and the important phases of advertising."

A few minutes later, I noticed a still better bet. At Lincoln College, Homer could hardly help but remain in "good standing." Here's why:

At Lincoln, they convert grades into points. Grade A is 4 points; Grade B is 3; Grade C counts 2 points and is described as "average"; Grade D has a value of 1 point



and is "below average." Now, the catalogue says that "a student must maintain a point average of 1 to remain in school."

Thus, to stay on at Lincoln, you have to have a "below average" average (Grade D)—which sounds just right for Homer.

By this time, both Homer and I were down on the floor, leafing through catalogues and enlightening each other about the most fascinating sounding chiropractic courses. Among our most memorable discoveries were these:

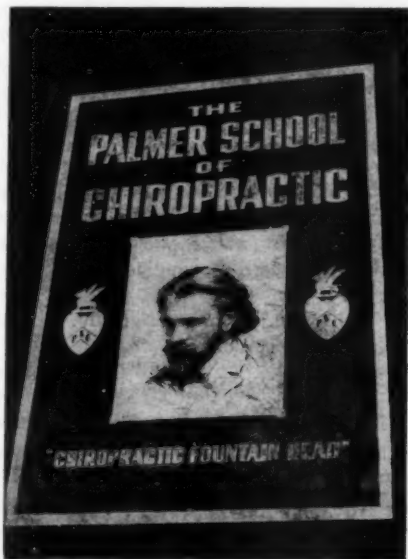
At the Western States Chiropractic College in Portland, Ore., you can study the developmental history of birds' eggs. At Western States, too, you can brush up on house plumbing and colon irrigation (the former as part of the public health course). And at the Northwestern College of Chiropractic in Minneapolis, you're offered training in athletic injuries, genetics, and psychoanalysis. (Chiropractic psychoanalysis, I assume, is the art of readjusting by adjustment.)

Homer is a ladies' man. For this reason, he was attracted by the announcement that at the National College in Chicago, he could learn gynecology "by demonstration."

Most of the colleges, though, avoid any such vulgar brush with the physical. At the chiropractic schools in Chicago, Davenport, and San Antonio, obstetrics is taught on a "manikin," so there'll be no wailing babies or night calls for the student.

"I can visualize the results," I commented.

Homer gasped: "Why, you sound just like a Palmer School graduate." He showed me a paragraph in the Palmer catalogue. Sure enough, there's a course in visualization "de-



**FIRST MANIPULATOR, D. D. Palmer, founded school that author's nephew almost picked.**

signed to develop in every student the ability to visualize a subluxation. Through flash recognition training, the student improves his ability to see."

### **Mechanical Touch**

Homer isn't very skillful with his hands; but he felt sure he could master the Palmer School's course in "mechanical appliances." This is designed to teach "the proper use of certain proven mechanical appliances such as the sphygmomanometer, stethoscope, and clinical thermometer."

At this point, he was obviously leaning toward B. J. Palmer's emporium in Davenport. He refused even to consider the Texas school any more. "What with all the talk about subversion these days..." he murmured—and showed me page 28 of the Texas Chiropractic catalogue. I read the words aloud: "The course in first aid is frequently taught by a card-carrying instructor."

"Well, then," I said, resignedly, "what's your decision?"

### **Ideals vs. Degrees**

He had, he answered, narrowed it down to two: Palmer and Western States. The high idealism of the Palmer School impressed him, since in some respects (not many) he's an idealist. "What," he asked, "could be more challenging than this?" He pointed to the following passage on page 30 of the Palmer catalogue:

"Although a sick person would come to the clinic incapable of reciting symptoms, the staff... could prove chiropractically what was the cause of that condition... and could, without once having talked with the patient, chiropractically restore the sick patient to health."

Diagnosis and treatment without a history seemed, to Homer, an ideal way to practice. Veterinarians do it very successfully, he explained. Why not other professional men?

But the final choice of this embryo professional man was not the Palmer School after all. Instead, he picked the Western States College in Oregon. The next time I saw him he explained why:

By writing a 5,000 word thesis there, Homer could get not only the D.C. degree but also a B.T.S. (which means Bachelor of Therapeutic Sciences). Two years later, without additional study, but by doing some "nonmedical research," he could become an M.T.S. (Master of Therapeutic Sciences). After an additional year of study, he could win a Doctor of Naturopathy diploma. And this N.D., as Homer explained to me, didn't really look too different from an M.D. after your name.

Thus, at little extra cost, Homer could have a D.C., N.D., B.T.S., and M.T.S.—all in less time than it took me to get an unadorned M.D.

Obviously, if he can't make it any other way, Homer will get there by degrees.

END

# Your Personal Deductions Under the New Tax Law

*As head of a family, you get new chances for tax savings on dependents, child-care expenses, medical expenses, and other personal items*

By Joseph F. McElligott

● Sprinkled through the new tax law are a number of provisions that will permit some doctors to claim personal deductions never before allowed. No one of these provisions is revolutionary. Yet, taken all together, they add up to an important new source of potential tax savings.

For practical purposes, they can be divided into five categories: (1) income splitting; (2) dependents; (3) child-care expenses; (4) medical expenses; and (5) contributions. Let's take a closer look at the new rules under each heading:

*Income splitting.* Since 1948, when income splitting became part of the Federal tax law, many married couples have made substantial savings by filing joint returns. Income splitting has also benefited widowers: Any such person has been allowed to file a joint return with his deceased wife for the full year in which she died (assuming he hasn't married by the year's end and wasn't legally separated at the time of her death). [MORE→]

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MR. McELLIGOTT is tax consultant to a number of physicians in the New York City area.

The new law extends these benefits—in some cases—by permitting *any widowed parent who maintains dependent children in his home* to continue income splitting for two extra years. For example, take the case of a doctor whose wife died last May, leaving him with two preschool children. If he doesn't remarry, he'll be allowed to use the income-splitting privilege on his tax returns for 1954, 1955, and 1956. (The deceased wife, of course, will count as a dependent only until the end of 1954.)

After 1956, if his family situation stays the same, this doctor will drop to "head of household" status. He'll still have an advantage over a person filing a separate return—but only about half the advantage afforded by joint-return status.

### Bachelors Benefit

Under another new rule, head-of-household status has been extended to some persons who formerly were required to file as individuals. This option is now open to any unmarried person who maintains a household for a dependent parent—even when the taxpayer doesn't live with his parent.

But to be considered head of the household, you must contribute more than half the cost of maintaining it. This requirement will prevent one Manhattan bachelor I know from taking advantage of the new rule:

He and his two brothers (also

New Yorkers) share the cost of supporting their widowed mother, who lives in St. Petersburg, Fla. None of them contributes as much as 51 per cent, so none can qualify as head of the household.

(Under another new provision, however, they *may* take turns claiming her as a dependent. More about this later in the article.)

### What Price Ambition?

*Dependents.* "It doesn't pay to have ambitious kids," a surgeon friend complained to me some time back. "Just as soon as that son of mine earns \$600 at his summer job, I can't claim him as a dependent any more."

This used to be true—but no more. From now on, any child under 19 (as well as any full-time student, regardless of age) can earn more than \$600 a year and still be classed as a dependent—provided that his father bears more than half the expense of supporting him. (Any such child, of course, must fill out a return of his own, paying tax on all earnings over \$600.)

The definition of dependency has also been liberalized in other respects. Under the old law, for example, you weren't allowed to deduct for persons not directly related to you by blood, marriage, or adoption. Now you may deduct for *anyone* whom you support as a member of your household during the entire taxable year.

Still another change affects groups

of people who together (but not individually) bear more than half the cost of supporting another person: Now, for the first time, that person counts as a dependent for one of the people in the group. Here's how this provision helps the three brothers I mentioned earlier:

They may now take turns listing their mother as a dependent. Or, if they prefer, any one of the brothers can take the deduction every year—even though he contributes less than half the cost of supporting her.\*

**Child-care expenses.** A few doctors stand to benefit from the new deduction allowed widowers (as well as widows and legally separated persons) who have to pay others to look after their children during working hours. But \$600 a year is the most anybody is allowed to deduct for child-care expenses; and you can't count such baby-sitting payments if they're made to your own dependents (e.g., an older child).

**Medical expenses.** Federal tax policy on medical deductions has been liberalized, but not so much as many people had hoped. You can now deduct aggregate sickness costs that exceed 3 per cent of your adjusted gross income†, instead of 5 per cent, as formerly. But the differ-

ence is less significant than it looks.

Why? Because formerly you could include all the money you spent during the year on drugs, medicines, and the like. Now you may include drug costs only to the extent that they exceed 1 per cent of your adjusted gross income.

Even so, some taxpayers will benefit quite a bit from the new rule. Consider the case of a doctor who spends \$200 on drugs, \$300 on laboratory tests and X-rays, and \$500 on hospital bills this year. His adjusted gross income, we'll say, is \$12,000.

Under the old law, he would have been entitled to deduct only \$400 for sickness costs; under the new one, he can claim a deduction of \$520. Here's how the latter figure is arrived at:

Medicines and drugs (\$200	
minus 1% of \$12,000) . . .	\$ 80
Laboratory tests and X-rays . .	300
Hospital bills . . . . .	500
Total sickness allowance . .	\$880
Exclusion (3% of \$12,000) .	360
Medical expense deduction . .	\$520

### Maximum Boosted

A few medical men may benefit from another change in medical-expense policy: the doubling of the maximum amount deductible for medical expenses. The new ceiling is \$2,500 for each person listed on the tax return. (But in no case can you deduct more than \$5,000 on a separate return, or \$10,000 on a

\*If, however, one brother bore more than half the cost, he'd be the only one entitled to the deduction. And if one of them contributed less than 10 per cent, he couldn't claim the deduction under any circumstances.

†"Adjusted gross income" means professional net income plus all reportable income from other sources.

joint or head-of-household return.)

The revised Revenue Code also encompasses the rule formerly applied by the courts regarding trips taken "primarily for and essential to medical care." Transportation costs of such trips, says the new law, are deductible—but costs of food and lodging aren't (unless included in a hospital bill).

Will this provision make patients less likely to want their doctors to prescribe Florida "cures"? It's possible—but don't bet on it.

There's another new rule about medical expenses that *could* affect you. From now on, survivors of a deceased person may include the cost of his final illness on his last return. But in order to do this, his estate must pay the bills within a year after his death.

Hence there's a possibility that you'll soon find it easier to collect bills from estates.

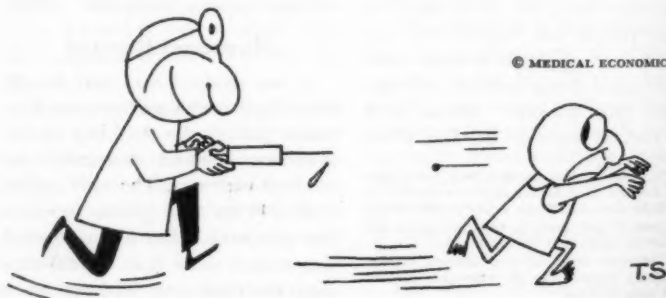
**Contributions.** You used to be able to deduct charitable contribu-

tions totaling up to 20 per cent of your adjusted gross income. The limit has now been raised to 30 per cent, provided that the extra 10 per cent consists of donations to churches, tax-exempt educational institutions, or hospitals.

The important point here is that you're not automatically entitled to that 30 per cent deduction. You must be ready to prove, when challenged, that you actually gave all the money you said you did—and that you gave it to recognized charities. So save your receipts and thank-you letters, and give only to bona fide charities. The Internal Revenue Service is keeping a watchful eye out for abuses of this new rule.

As a matter of fact, the Treasury men are likely to seem more inquisitive than ever about *all* your personal deductions. With taxpayers given so many new chances for savings, Uncle Sam is going to try doubly hard to collect all that he has coming to him.

END



# Keeping Track of Your Out-of-Office Visits

*An easy way to schedule and record house calls, hospital calls, and meetings, noting financial and other details at the same time*

By Edwin N. Perrin

● What sort of records do you keep when you're out making house calls and hospital rounds?

Many an M.D. carries a nondescript pocket notebook in which he makes cryptic entries at irregular intervals. Later, his secretary decodes them as best she can. Some entries she never does decipher, because he's forgotten to make them. Likely result: His patients get billed for fewer services than he's actually rendered.

A better way to keep records outside the office is illustrated here. If anything, this method requires *less* effort on your part. Most entries are made by your secretary before you leave the office. You simply check the appropriate columns and add any supplemental notes you want.

All you need, to make this method click, is a pocket notebook with suitably printed pages. Here's how one such booklet is set up\*:

Two facing pages are provided for each day of the month. On the left-hand page, your aide fills in the names and addresses of all patients you're scheduled to see out-

\*The booklet described here was developed by Richard V. Bibbero, a medical management consultant in San Francisco, and is copyrighted by his firm, Medical Management Control.

# SEPTEMBER 16

PATIENT'S NAME	HOSP	HOME	VISIT MADE	POSTED	PAYMENT RECEIVED CASH
Frances Gray 5 <sup>30</sup> P.M. 2163 Hayes St.		✓	✓	✓	
Lester Smith 6 <sup>00</sup> P.M. 2156 Pine St.		✓	✓	✓	
Arthur Dunning 6 <sup>30</sup> P.M. 4077 Broadway		✓	✓	✓	
James Barres 7 pm 161 Larkin Ave.		✓	✓	✓	20
Frank Goss St. Luke's	✓		✓	✓	
Paul Hammerlow St. Luke's	✓		✓	✓	
Margaret Whitby St. Luke's	✓		✓	✓	
Carl Mather Mercy	✓		✓	✓	
Helen Brownsmith Mercy	✓		✓	✓	

**TYPICAL RECORD** of professional calls outside the office shows three stages in keeping track of a day's activity. First the doctor's aide (black ink) fills out his visit schedule. Then the doctor (colored



**SEPTEMBER 16**

			PAYMENTS RECEIVED		SPECIAL NOTES—MEETINGS
HOME	VISIT MADE	POSTED	CASH	PSTD	
✓	✓	✓			Staff meeting St. Luke's P.M.
✓	✓	✓			Looked at Mrs. Smith's throat ✓
✓	✓	✓			Penicillin shot ✓
✓	✓	✓	100	V	
✓	✓	✓			Bill Blue Shield # 2176058 on Goss ✓
✓	✓	✓			Professional Expenses: Gas & oil 4. <sup><u>20</u></sup> ✓ Staff dinner 3. <sup><u>75</u></sup> ✓

shows  
doctor's  
colored

ink) checks off each call as he makes it. He also notes unscheduled calls and enters payments received. Finally, his aide posts the items in the day book, checking them off as shown here. **MORE→**

**MORE→**

side the office that day. If you have any meetings to attend, she records them on the right-hand page.

You slip the booklet into your pocket as you leave the office. Then, as you make your rounds, you check off each completed visit. If you make an unscheduled call, you of course include a notation of the patient's name and address.

That's all there is to it, as far as you're concerned. When you get back to the office, you give the booklet to your secretary. She posts each entry on the appropriate record card, checking it off as she does so. The booklet then stays on her desk until the next time you go out.

Besides making it hard to overlook appointments, such a booklet

has other advantages. For example

A "Special Notes" column encourages you to keep track of treatments that call for an extra fee (penicillin shots and the like). This column also gives you a place to put down your out-of-pocket professional expenses. Such daily records can save a doctor hundreds of dollars a year in fees and tax deductions he'd otherwise forget.

Perhaps the main advantage of a notebook like this is that it assembles all your visit records in one place. At the end of each month, therefore, you have a complete account of your professional work outside the office. It's a useful addition also to the data you accumulate for income-tax purposes.

END



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**"I can't make these instructions out either—are you sure I wrote them?"**

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## He Helps Run a Railroad

*This versatile Baltimore surgeon now serves as one of the directors of the New York Central*

By Mauri Edwards

● Railroadman Robert R. Young quite evidently got his fill of bankers early this year, when he battled a battalion of them for control of the New York Central Railroad. So nobody was surprised, after Young's victory, that his new board of directors included no bankers at all. What did



arouse interest—especially in medical circles—was the fact that one of the members of the new fifteen-man board is a doctor.

But let no one doubt the ability of Dr. R. Walter Graham Jr. to hold down his new job. While the 53-year-old Baltimore surgeon insists that "finance is merely my hobby," he's definitely no amateur. The fact is, he's one of those rare exceptions—a physician who's as much at home on a top-management team in big business as he would be doing ward rounds in a small hospital.

The doctor proved himself no dilettante in corporate politics by the way he helped the Young ticket win its vote-proxy fight. In fact, he sold so many of his fellow stockholders on the need for a change that he personally led the whole slate to victory: He piled up more stockholder votes for himself than even Young got!

"That was just a voting freak," he says modestly. "I was glad to be of

help. I campaigned because I believe in Young. I think the railroads offer the greatest investment potential in the country; unless they operate at a profit, there can be no true prosperity. But until Young came along, the railroads were lagging behind other transportation. They lacked modern ideas.

"I got interested in Young in 1937, when he took over the Chesapeake and Ohio. I liked his methods. I'm convinced now that he's a sort of Joan of Arc of American railroading."

### His Hobby Pays

Director Graham's 40,000 shares of Central stock make him the carrier's fifth largest individual shareholder. He owns stock in other corporations, too. In fact, thanks to his "hobby," he has turned a tidy family inheritance into an even tidier fortune.

His businessman father taught him to understand the financial pages of the newspaper at an early age. Today, he rattles off stock quotations the way a baseball fan cites batting averages.

Because of his interest in business, he now concentrates on medical administrative work (although he's highly regarded as a surgeon): He's medical director of Maryland's Blue Cross-Blue Shield; he heads the state medical advisory committee to Selective Service; and he's active in Red Cross and state medical society affairs.

END



# And Suddenly Malpractice Suits Tumbled

*New teamwork between these physicians and their insurance company brought a dramatic drop in the number of court cases against M.D.s*

By Thomas Owens

● The annual total of malpractice suits across the nation is now five times what it was in 1900. Many an M.D. has become painfully aware of this trend; and even more painful is the fact that most such suits are based on groundless charges.

How can the nuisance of unfounded suits be eliminated? Doctors in twenty-three counties of Northern California think they have an answer. Under a plan in operation there since 1946, they have achieved dramatic success in reducing the malpractice problem to its hard core.

To begin with, some 4,000 doctors in these counties signed malpractice insurance contracts with the same company. Each county medical society in the area then appointed a committee of physicians to advise the carrier on the medical merits of all local negligence complaints received.

And the results? Here are the area-wide figures:

Year	1950	1951	1952	1953
Number of complaints made	156	182	215	213
Number of suits actually filed	63	63	49	19

Thus, in the last four years alone, malpractice suits have been reduced by more than two-thirds. This, de-

spite a continued high level of negligence complaints, reflecting the national trend.

All of which calls for a closer look at how the West Coast plan operates:

### The Defense Committees

Whenever a patient alleges negligence and submits a claim for compensation, the carrier makes a routine investigation. The results are reported to the medical defense committee of the county medical society concerned.

The function of this committee (which has five to fifteen members) is to decide whether the charge of negligence is in fact justified. After consideration of the case, the committee submits to the insurance company one of the two following recommendations:

¶ "The claimant should be fairly compensated, because the claim has medical merit."

¶ "No compensation should be paid, since there was no dereliction of medical duty on the part of the accused physician."

### Juries Support Them

In every case to date, the carrier has followed the doctors' advice. When compensation is recommended, the claimant gets cash from the insurance company. When compensation is *not* recommended, the claimant gets nothing.

Of course, the unsuccessful claimant is always free to take his case to

court. And sometimes he does, perhaps suspecting that the doctors are merely whitewashing each other's mistakes.

Then he usually finds to his surprise that the jury's verdict agrees with the recommendations of the medical defense committee. (This has been true in seventy-two of the seventy-four malpractice suits so far brought to trial: The defendant physician has been found not liable for negligence.)

### They Recognize Negligence

No such plan can work unless the doctors' committees recognize actual malpractice when they see it. Here are three revealing cases in Northern California:

¶ A patient received shock therapy in a doctor's office. In the course of treatment, she suffered electrode burns on the forehead. When her claim for damages reached the medical defense committee, the doctors reviewed the facts of her case. They decided that the shock treatment had been given without proper equipment, assistance, or even justification. The carrier paid the patient \$1,500.

¶ A grand mal patient came to a physician for treatment, and the physician used experimental drugs. But he failed to follow the directions accompanying the drugs, which specified periodic laboratory tests. The patient developed aplastic anemia. After reviewing these facts, the committee decided that the physician

had indeed been negligent. The carrier paid the patient \$7,500.

[A woman patient required a hysterectomy; there were no complications. In performing the operation, the surgeon somehow cut both ureters. The loss of one kidney resulted. The woman submitted a claim for damages, and the medical

defense committee approved it. So the carrier paid the patient \$5,000.

As a rule, however, the medical defense committee finds "no negligence" on the doctor's part. And that means the insurance company won't settle; nor will it be frightened into compromise by high claims for damages. [MORE→

## Two-Way Instrument Cabinet Is Money-Saver



● A pass-through instrument and supply unit like this one, which serves two treatment rooms at once, is both a money-saver and a time- and work-saver, as more and more physicians are finding out. Not only do the cabinets open from both sides, but so also do the drawers (those shown are 52 inches deep). Keeping two treatment rooms in operation thus requires the purchase and maintenance of only one set of supplies and instruments.

In one recent case, for example, a patient complained of double vision after an operation for *tic douloureux*. He accused the surgeon of negligence; and even though the medical defense committee reported otherwise, he sued for \$102,000. The case was allowed to go to trial, and the jury brought in a verdict favoring the defendant surgeon.

### Two Trials Needed

In another case, a doctor doing an esophagoscopy made a slight tear in the esophagus. The tear was repaired and the patient made an uneventful recovery. But later he sought \$35,000 in damages, claiming negligence.

The medical defense committee,

while recognizing the case as a tough one to decide, concluded that the M.D. wasn't to blame. And that's the way the courts eventually decided: The first trial ended in a hung jury (eight to four in favor of the doctor); the second trial absolved him completely.

Thus, while speeding the settlement of legitimate claims, the medical defense committees have discouraged illegitimate ones. "Nuisance settlements" are no longer a factor in Northern California—and you can see the results in the decreased number of malpractice suits.

### Premiums Rise Slowly

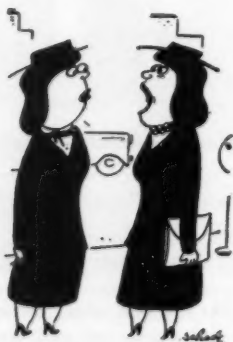
What about the premiums that doctors pay for their malpractice insurance? Howard Hassard, legal counsel for the California Medical Association, reports:

"Although premium rates in Northern California have increased during the past few years, this is largely due to an undercalculation in the late 1940's. The increase would have been much greater in the absence of the doctors' defense program."

Hassard believes that any successful malpractice prevention plan depends on the doctors themselves. "The risk of being sued won't decrease of its own accord," he says. "A vigorous, grass-roots program by the medical profession itself is the only prudent course."

Signs are that the doctors in his own bailiwick have shown the way.

END



"The doctor says if Joe lives till morning, he'll have some hope for him; but if he doesn't, he'll have to give him up."



# When and How to Write Off Old Accounts

*In certain cases where the delinquent debtor can't or won't pay, says this management man, canceling the debt may well bring you dividends. But the write-off requires skillful handling*

By Clayton L. Scroggins

● At what point should you stop trying to collect overdue bills?

First, let's consider this fact: The National Association of Medical-Dental Bureaus estimates that the dollar remaining unpaid for six months is worth only 71 cents, collectionwise. Its value drops to 57 cents at the end of nine months, and to 45 cents after a year.

So the chances are that nearly a third of your outstanding accounts are uncollectible after six months. And you can expect to be paid on *fewer than half* of those that run a year or more.

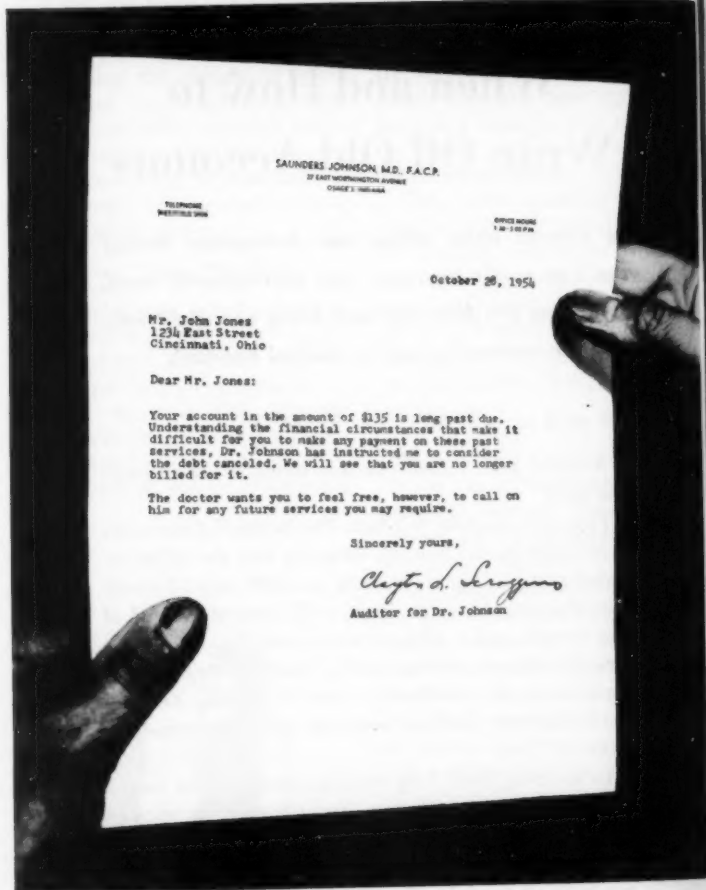
In handling these long overdue accounts, you have a choice of three special steps. You can turn the account over to professional collectors (if you haven't done so already); you can bring suit against the debtor; or you can write off the debt. This article concerns the last step.

I frequently suggest to my physician-clients that they write off the unpaid account whenever investigation re-

---

THE AUTHOR heads a medical management firm, Clayton L. Scroggins Associates, in Cincinnati.

## WRITING OFF OLD ACCOUNTS



SAUNDERS JOHNSON, M.D., F.A.C.P.  
22 EAST WASHINGTON AVENUE  
CHICAGO 3, ILLINOIS

TELEPHONE  
WESTFIELD 5000

OFFICE HOURS  
1:30 - 5:00 PM

October 26, 1954

Mr. John Jones  
1234 East Street  
Cincinnati, Ohio

Dear Mr. Jones:

Your account in the amount of \$135 is long past due. Understanding the financial circumstances that make it difficult for you to make any payment on these past services, Dr. Johnson has instructed me to consider the debt canceled. We will see that you are no longer billed for it.

The doctor wants you to feel free, however, to call on him for any future services you may require.

Sincerely yours,

*Clayton L. Longenecker*

Auditor for Dr. Johnson

**WRITE-OFF LETTER** clears the dead wood out of the doctor's file of long-overdue accounts. In the process, it actually brings in checks from some delinquent debtors; and it may result in a flood of referrals from grateful patients. Last paragraph can be omitted if the doctor wants to close the account for good.

veals that it has been allowed to run on for six months or so primarily because of hardship. As I see it, it's sound business to put some limit on the time, effort, and expense you invest in trying to collect from people with marginal incomes.

In such cases, with the doctor's concurrence, I usually send the patient a letter like the one shown on the opposite page.

### Why Tell People?

But, you may ask, isn't it enough just to stop sending bills? Why bother to notify the patient?

There are several good reasons for the "write-off" letter. For one thing, it puts a definite close to the account, thus reducing the total number of meaningless entries in your books.

Then, too, in my experience, the letter often spurs at least partial payment from the debtor who's unwilling to accept charity. And even if it doesn't bring such tangible returns, it creates a growing reservoir of goodwill.

### Letter Makes Friends

How so? Well, in his gratitude, the patient is likely to urge his acquaintances to visit "that wonderful doctor of mine." And although such referrals should be screened carefully, there's no reason to fear that the patient's friends will be looking for six-month write-offs too. Most people want fair treatment more than they want free rides.

Once an account has been written off and the patient notified, you're in a good position to make better arrangements for the future. At the patient's next visit, your aide may want to suggest a pay-as-you-go plan. "That way," she can explain, "you'll never again be worried by a big doctor bill hanging over your head."

There's one strong contraindication to the use of the write-off letter: I never recommend it in a case where there may be suspicion of negligence on the doctor's part. In any such situation, obviously, the letter *could* turn up as Exhibit A in a malpractice suit.

### Rx for Troublemakers

On the other hand, I *do* recommend the letter in occasional cases where hardship isn't the main factor. If the patient resists all collection efforts for more than a year, and if his account is causing more trouble than it's worth, then the write-off letter can be sent *without* the final paragraph. This closes not only the patient's account, but also the doctor's dealings with him.

As a rule, the write-off letter should be sparingly used. It's designed for special cases—not for any large number of the doctor's delinquent accounts. Indeed, if sent out on too broad a basis, the letter might easily backfire.

So for goodwill without grief, save the write-off letter for the situations where it really applies. **END**

# Why Hospital Costs Are Going Still Higher

*Thanks to better, speedier care of the patient, most institutions are in a worse financial fix than ever. But there is something the average physician can do to help the hospitals beat this paradox*

By Mauri Edwards

● As far ahead as the nation's hospital administrators can see, there's nothing in view but higher and higher costs. And, because there's no immediate hope of lowering their charges, hospital men are trying to convince the paying public that it's at least getting good value for its dollars. The administrators concentrate on these arguments:

1. The average patient now stays in a hospital just eight days, compared with more than two weeks back in 1929; and
2. He now gets all kinds of special tests and services that hadn't even been dreamed of only a few years ago.

The administrators ruefully admit, however, that it's precisely for these reasons that the hospitals are finding it harder to make ends meet. Here's how one hospital chief explained this paradoxical situation at the recent Chicago convention of the American Hospital Association:

"The fact is, the shortening of the average hospital stay is actually costing us money. When a patient lay on his back for two weeks, part of that time he didn't need any special care to speak of. So the 'profit' we made on him during that period helped to offset the 'loss' we in-

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curred in giving him close attention during the more critical part of his stay.

"What's the situation now? A patient comes in, gets a series of tests, then undergoes surgery. He gets careful post-operative care, and bang: He's on his feet and out of the hospital. There's no slack period, no chance for us to catch up and break even."

Largely because of this new-style concentrated care, it cost the average general hospital more than \$21 a day last year to care for each patient. The patient himself paid about \$19.50, leaving the rest to be covered by contributions from private and government sources.

In an effort to flatten the cost curve, A.H.A. people are laying greater stress on economy: efficiency wrinkles in new hospital design, more and better machinery, increased use of subprofessional personnel, and such. The resultant savings help. It's a fact, for example, that although hospital costs continued to climb last year, the rate of climb was less than in any year since World War II.

Even so, economy of this sort barely nibbles at the heart of the problem, which is simply this:

From 60 to 70 per cent of the average hospital's budget goes into its payroll. And a hospital payroll these days is an awe-inspiring thing. In the last eight years, the number of hospital employees has zoomed from 148 per 100 patients to 183 per 100 patients. In the same period, pay scales have *doubled*. Last year alone, the total cost of running the hospitals was \$4.7 billion, and almost \$3 billion of this went to meet payrolls.

Is there no way off the escalator?

Dr. Harry F. Becker, field secretary of the Michigan State Medical Society, suggested one far-reaching answer to the A.H.A. convention. His idea is for doctors to reverse "the growing tendency" toward needless hospitalization of more and more patients.

[MORE→

# old "Skin and Bones" ... who always looks

You feel sure old "Skinamalink" is cheating on your prescription—otherwise he'd put on pounds.

You can't stand over him with a spoon, but you can "out-fox" him with a taste—and that's Sustinex.

Sustinex owes its success not only to its potent B complex content—but to its distinctive cola-flavor—it's that delicious taste which keeps them taking Sustinex day-in-and-day-out.

Sustinex does its job by keeping the patient on his prescribed dietary regimen, thus together they build up his nutritional state.

It's delicious taken direct from the spoon. Samples on request to prove it.

# SUSTINEX<sup>®</sup>

## NEW HIGHER POTENCY:

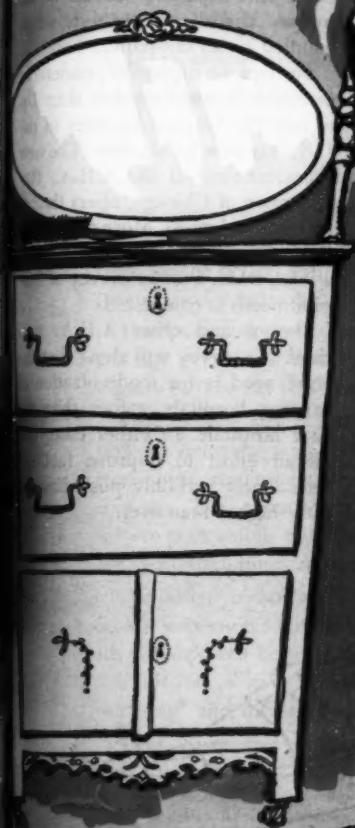
Each 30 cc. (1 fl. oz.) represents

Thiamine Hydrochloride.....	36 mg.
Riboflavin.....	12 mg.
(as Riboflavin-5'-Phosphate Sodium)	
Niacinamide.....	180 mg.
Calcium Pantothenate (as Panthamot).....	8 mg.
Pyridoxine Hydrochloride.....	6 mg.
Vitamin B <sub>12</sub> .....	30 mcg.

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## WHY HOSPITAL COSTS ARE GOING HIGHER

Becker reported on an analysis of over 12,000 consecutive clinical records in twenty-five Michigan hospitals. The key finding: To some degree, 28 per cent of all hospital admissions were unnecessary.

Worth special mention, said Becker, was the fact that the presence or absence of health insurance coverage evidently made a big difference. Where Blue Cross was involved, he said, unnecessary hospitalization occurred 36 per cent of the time. Where there was commercial insurance, abuse showed up 30 per cent of the time. Where there was no insurance at all, unnecessary hospitalization fell off to 14 per cent.

### The Becker Proposal

Dr. Becker conceded that the patients who got unnecessary hospitalization were actually in need of care; but they "did not need to occupy a hospital bed in order to receive it." As he said: "One out of eight Blue Cross patients entered the hospital for laboratory or X-ray

examinations, although hospital out-patient departments were performing similar examinations on similar patients every day."

Dr. Becker's solution? Remove the temptation to abuse health insurance and misuse hospital beds. Make sure insurance covers minor surgery and diagnostic tests when handled on an out-patient basis.

Perhaps the biggest imponderable in future hospital costs is this: Up to half the hospital facilities in the U.S. may now be obsolete. The new president-elect of the A.H.A., Ray E. Brown of Chicago, offers that as an informed guess. More definite information will be available in about a year, when a major survey of hospital needs is completed.

Brown and other A.H.A. men think the survey will show that the chief need is for modernization of existing hospitals, rather than for new hospitals. In either case, any all-out effort to improve facilities will almost certainly push hospital rates higher than ever.

END



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# How Doctors Can Get A Better Press

*They can do it, says this editor, by clearing up their misapprehensions about what's personal advertising and what's legitimate news*

By Steven M. Spencer

● The past twenty-five years have seen notable changes in the relations between doctors and the press—most of them for the better. Yet, things happen now and then to jar the good relationship.

There are still, for example, disturbing reminders of the day when most doctors considered it beneath their dignity to "consort with the press."

This attitude, which is not unlike that of the total abstainer toward the heavy drinker, is reflected in occasional statements, resolutions, and actions of certain medical societies. They seem to feel that a few sips of printer's ink are permissible, but that too much is sinful—and calls for swift disciplinary measures.

Curiously, "consorting with the press" is frowned upon not because it's harmful to the doctor involved, or to his patients, but because it may give the doctor "an unfair advantage" over his colleagues. It's regarded as "advertising" and therefore unethical.

Thus arises one of the main sources of friction in

---

MR. SPENCER is an associate editor of *The Saturday Evening Post*. This article is drawn from his remarks before the 1954 Conference of Presidents and Other Officers of State Medical Associations.

our doctor-press relations: a confusion in the physician's mind between the concepts of news and advertising.

Now, the publisher has no trouble distinguishing between the two. News is something he buys; advertising space is something he sells. And the publisher of integrity never gets the two transactions mixed up. Nor do his editors and writers.

Thus, we consider that the development of new methods of treating disease, or of preventing it, is news. And we feel that the public is entitled to know who makes these contributions. So, as we see it, the names and pictures of doctors are logical parts of the story.

Neither we nor our readers regard the printing of such details as advertising. The story simply would be incomplete without them.

### People Want Facts

Accurate information about medicine can help build good public relations for the doctors. It can, that is, as long as no segment of the profession does things or takes positions that appear contrary to the public good.

If the latter *does* occur, the press must of course play out its role of unbiased observer and watchdog of the public welfare. In other words, it is duty bound to report events as it sees them.

This function of the magazines and newspapers is sometimes misunderstood by special interests that

feel they're victims of "unfavorable publicity." It's well to remember that the journalistic freedom to tell all the truth is guaranteed by the First Amendment of the Constitution. Without it, the press would lose much of its usefulness.

For we are a nation of people who want to know the facts. And medicine is one of the topics about which the average reader is most eager to learn.

The Saturday Evening Post, which has a circulation of nearly 5 million, publishes twenty to thirty medical articles a year. And our readership surveys reveal that these articles consistently stand at or near the top of the list, when scored on reader interest.

### Why the Public Cares

Much of the recent growth of interest in medical news began, I believe, when the sulfa drugs were developed, in the Thirties. The specific nature of these compounds, and their spectacular results, attracted the reading public as few other things in the health field had. They drew attention to the increasing power of scientific medicine.

Then, before interest in the sulfas could wane, the penicillin story broke. Since that time, it has been one new and fascinating development after another.

Of all the sciences, medicine comes closest to the daily lives of the average man and woman. And at a time when there is so much pre-

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ILOTYCIN

(ERYTHROMYCIN, LILLY)

FIRST

*5 reasons why*

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**ILOTYCIN**  
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... because

'Ilotycin'  
has an  
unexcelled  
antibiotic  
spectrum

The spectrum of 'Ilotycin' is unexcelled because it effectively treats the vast majority of infections yet preserves the bacterial balance of the intestine.

over **96%**  
acute bacterial  
infections of the  
respiratory tract  
respond to 'Ilotycin'

over **80%** of  
bacterial infections  
seen in medical  
practice respond  
to 'Ilotycin'

'Ilotycin' is also effective  
against certain viruses,  
rickettsiae, protozoa,  
fusiform organisms, and  
spirochetes

# pathogens

# diseases

Staphylococci

Streptococci  
Beta-hemolytic  
Alpha-hemolytic  
Nonhemolytic  
Enterococci

Pneumococci

*Hemophilus influenzae*

*Hemophilus pertussis*  
*Corynebacterium diphtheriae*

Meningococcus

Sinusitis  
Otitis media  
Pneumonia  
Pharyngitis  
Tonsillitis

Tonsillitis  
Bronchitis  
Sore throat  
Pneumonia

Lobar pneumonia  
Bronchial pneumonia

Bronchitis  
Pneumonia  
Pharyngitis

Whooping cough  
Diphtheria\*  
Diphtheria carriers  
Meningitis

Furunculosis  
Staphylococcus  
septicemia  
Enteritis

Scarlet fever  
Cellulitis  
Erysipelas  
Streptococcus  
septicemia

*Bacillus anthracis*

*Clostridium tetani*

*Brucella suis*,  
*Br. melitensis*

*Neisseria gonorrhoeae*

Anthrax

Tetanus\*

Brucellosis

Gonorrhea

A influenza virus

*Treponema pallidum*

Fusiform organisms  
and/or spirochetes

Lymphogranuloma  
venereum virus

*Rickettsia tsutsugamushi*

*Endamoeba*  
*histolytica*

Influenza

Syphilis

Vincent's angina  
(trench mouth)

Venereal lymphogranu-  
loma

Scrub typhus

Amebiasis  
Amebic liver abscess  
Amebic dysentery

\*Plus antitoxin

Lilly



...because

'Ilotycin' is notably safe

### **nonallergenic**

Urticaria, hives, and anaphylactic reactions (sometimes caused by penicillin) have not been reported in the literature on 'Ilotycin.'

### **preserves bacterial balance of intestine**

Staphylococcus enteritis, anorectal complications, avitaminosis, and moniliasis sometimes caused by "tetracycline-type" antibiotics have not been encountered with 'Ilotycin.'

Gastro-intestinal hypermotility is almost never observed in bed patients receiving 'Ilotycin' and is seen in only a small percentage of ambulatory patients.



... because

life 'Ilotycin' kills pathogens

**dead**

**organisms:**

- Cannot become resistant
- Cannot cause recurrent infection
- Cannot spread infections
- Make minimal demands on the patient's natural defenses

*Lilly*



... because

# 'Ilotycin' is chemically different

'Ilotycin' differs chemically from all other antibiotics.

	'Ilotycin'	Tetracycline Types and Chloramphenicol	Penicillin
<b>1</b>	735	323-470	372

The nitrogen in 'Ilotycin' is not contained in a nitro group, and there is no benzene ring structure in the molecule.

Virtually no gram-positive pathogens are inherently resistant to 'Ilotycin'—even when resistant to other antibiotics.

Cross resistance and cross sensitivity do not occur between 'Ilotycin' and the tetracycline-type antibiotics or penicillin.



consider

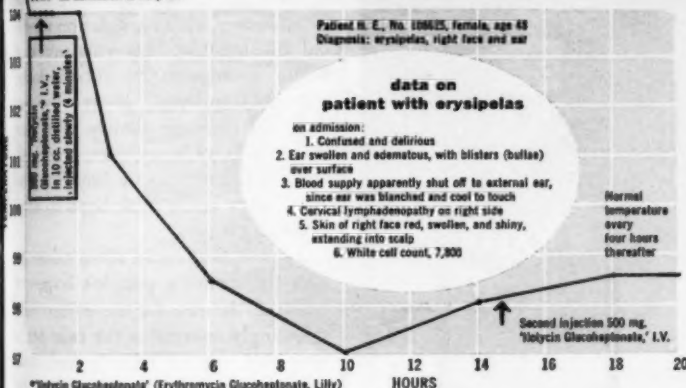
**ILOTYCIN**  
(ERYTHROMYCIN, LILLY)

**FIRST**

because

ent 'Ilotycin' acts quickly

104.4° on admission to hospital



As temperature fell, confusion and delirium disappeared. Twelve hours later, ear was warm to touch, became reddened in color, and was less swollen. Borders of erysipelas ceased to advance. White cell count rose to 12,000 twelve hours after the patient's admission and returned to normal on third day. Ear and skin of right face appeared normal on the third day, and patient was discharged on fifth day.

**No other antibiotic acts more quickly than 'Ilotycin'**

*Lilly*

# Mild

## mucus solvent

## for nose, throat

Write for sample—The Alkalol  
Company, Taunton 26, Mass.



### GETTING A BETTER PRESS

occupation with the science of destruction, the public finds spiritual reassurance in reading about individuals whose efforts are devoted to saving lives.

You have, then, in the pages of America's daily and periodical press, a broad and always-open channel through which to reach the whole world with the story of American medicine. (We know that the story *does* reach the whole world. Shortly after the publication of a medical article in the Post, for instance, we editors can almost trace the mailboats' ports of call by the postmarks on the letters we get.)

### How They Bring Hope

Moreover, these articles on medical developments, carrying news of better treatments for tuberculosis, arthritis, epilepsy, heart disease, etc., are not only widely read but may also be of immediate, practical, and even life-saving value. For one thing, they bring fresh hope to seriously ill people.

I know that we're often taken to task for arousing people's hopes. I make no defense for the writer who knowingly overstates the case for a new and untried remedy and thus arouses *false* hope. But much can be said for the authentic report that kindles *legitimate* hope, brings a patient back into the mainstream of scientific medicine, and puts him in touch with physicians who can help him.

I don't think it's necessary to give

"That's what I'd call a 'Polysal recovery'!"



Polysal,<sup>®</sup> a *single* I.V. solution to build electrolyte balance, is recommended for electrolyte and fluid replacement in all medical, surgical and pediatric patients.

Cutter Laboratories, Berkeley, California



"But Doctor, can't you put some weight on her?"

'Trophite'—a high potency combination of  $B_{12}$  and  $B_1$ —can help your underweight patient gain weight because:

1. *it increases food intake:*  $B_{12}$  and  $B_1$  stimulate appetite.
2. *it promotes proper utilization of food:* growth studies with vitamin  $B_{12}$  emphasize "the importance of adequate supplies of the vitamin in the metabolism of carbohydrate and fat, including not only the conversion of carbohydrate to fat, but the metabolism of fat itself."<sup>1</sup>

specify— **Trophite**<sup>\*</sup>— $B_{12}$  plus  $B_1$

'Trophite' is available in both tablet and liquid form. Each tablet or teaspoonful (5 cc.) of 'Trophite' supplies:

**25 mcg. of vitamin  $B_{12}$  | 10 mg. of vitamin  $B_1$**

*Smith, Kline & French Laboratories, Philadelphia*

★T.M. Reg. U.S. Pat. Off.

| 1. Vitamin  $B_{12}$  Research, editorial, J.A.M.A. 153:960 (Nov. 7) 1953

you a long list of examples to support this statement. Every writer engaged in medical reporting has a thick file of them. I'll mention just one to illustrate the point:

Every few months I get a cheerful note from a man who several years ago read an article of mine describing a new intermittent positive-pressure breathing technique in the treatment of emphysema. He himself was suffering seriously from emphysema, and he showed the story to his doctors in a Midwestern state. They became interested. One of them paid a visit to a physician who had been among the developers of the method; and then they sent the patient to this doctor. The man now feels he has a new lease on life; he is a very grateful patient, indeed.

## When the Press Fails

We don't bat 1.000, of course. Sometimes we publish an article about a new treatment that eventually turns out to be less effective than it was originally thought to be. It may take a year or more for the negatives to crop up. But this sort of thing is inherent in medicine.

The press should not be held responsible for re-evaluations that the medical profession itself must make. We're reporters, not prophets.

And we do make a serious effort to see that our reports are accurate. We attempt to obtain all the data we can on a new development, negative as well as positive. For we are as anxious as you that medicine's story

be accurately and adequately presented.

To do all this, the reporter must have the cooperation of medical men. Actually, we seldom have much trouble these days getting facts for our articles; most doctors are willing to talk with reputable writers. But when it comes to using the physicians' names or their pictures, then the curtain begins to drop.

## No Names, Please

That curtain, which results largely from fear of criticism by other doctors or by medical societies, takes strange forms:

A physician will permit you to use his name—but will ask you not to use it more than once or twice in a 5,000-word article. Or he'll insist that if you mention his name, you must mention the names of fifteen or twenty others who figure to some degree in the background of the work.

Some of our most troublesome collisions with "ethics" involve photographs. If, for example, it's finally agreed—after consultation with deans, department heads, and medical society committees—that it's all right for a certain doctor's picture to be taken, discussion then arises as to whether he shall be photographed in a formal or an informal pose, with or without a patient, in his office or his laboratory, full face, profile, or the back of his head (which presumably will hide his identity). [MORE→



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*Phillips' Milk of Magnesia  
 and Pure Mineral Oil*

### TO HELP CORRECT CONSTIPATION

MAGNESIUM HYDROXIDE combined with pure mineral oil make Haley's M-O a smooth working antacid-laxative-lubricant that effectively relieves constipation and accompanying gastric hyperacidity.

The oil globules in Haley's M-O are minutely subdivided to assure uniform distribution and thorough mixture with intestinal contents. Oil leakage is avoided and a comfortable evacuation is effected through stimulation of normal intestinal rhythm and blunted defecation reflex.

SUPPLIED: Bottles of 8 oz., 1 pint, 1 quart.



THE CHAS. H. PHILLIPS CO. DIVISION of Sterling Drug Inc. 1450 Broadway, New York 18, N.Y.

Then, even after the print is developed, the doctor may decide—or a committee may decide for him—that his name is not to be used in the picture caption!

Such decisions are nearly always made on the ground that the use of names or pictures constitutes “advertising” and that advertising is unethical. At this point, we editors feel that the restrictive aspects of medical “ethics” encroach upon editorial prerogatives—and in some cases seriously abridge the doctor’s own freedom of speech.

As writers, photographers, and editors, we try to apply our skills and judgment in such a way that the medical story, with illustrations, will be seen and read; it benefits *nobody* if it isn’t read. And if “ethics” is defined as “a system of moral principles,” it’s difficult for us editors to see anything immoral in printing a physician’s name or picture along with an accurate account of his views or accomplishments.

## No Quarrel With Aims

We realize that rules restricting a doctor’s freedom in his relations with the lay press were originally aimed at the publicity seekers. But the experienced editor can usually spot such individuals; and he knows how to make proper allowances when offered material from them. It hardly seems fair to hamper the man who has a legitimate story to tell, merely in order to foil the occasional publicity seeker.

[MORE→



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**time**

$$c^2 + t^2 - x^2 - y^2 - z^2 = 1$$

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**PREFERRED local anesthesia**

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Xylocaine® Hydrochloride (Astra) merits special consideration by the busy anesthesiologist and surgeon. Profound in depth and extensive in spread, its well-tolerated effect is more significantly measured by the time saved through its remarkably fast action, by which so much normally wasted "waiting time" is converted to productive "working time".

## XYLOCAINE® HCL

Pronounced Xi lo'cain

(Brand of lidocaine "HCL")  
AN AQUEOUS SOLUTION

*A 4th dimensional approach  
to preferred local anesthesia*

**Write department G4 for bibliography**



**ASTRA PHARMACEUTICAL PRODUCTS, INC.**  
WORCESTER, MASS. U. S. A.

\*U. S. Patent No. 2,441,498



Too often, it seems to me, anti-publicity rules, set up to keep incompetent physicians from gaining undue attention, have been employed to punish really eminent leaders in research or clinical medicine. I know of several instances in which highly respected doctors have been hauled onto the carpet by local medical societies or specialty organizations, when their only offense was that they were written about.

In one case, the doctor's crime was in permitting a publication to use a picture of him sailing a boat. This was judged to be irrelevant to the medical theme—and therefore unethical.

Possibly what's needed is greater trust *not* between doctors and reporters, but among the doctors themselves. It seems beneath the dignity of the profession for a medical organization to keep a tongue depressor in a doctor's mouth and to tell him, "Don't say 'Ah.' Don't say anything."

## What About Public?

Certain rules of professional conduct are necessary. But there is an impression in some quarters that organized medicine is often too preoccupied with professional protocol and economic competition. Unless medicine's ethics can be shown to have a direct bearing upon the public welfare, they can be misunderstood and can harm medical public relations.

We saw an example of this in New York not long ago, when the state medical society voted changes in its Principles of Professional Conduct that would make it unethical for doctors to participate in certain prepay group plans. This would include H.I.P., which has some 400,000 subscribers.

Concern for the welfare of the patient, with respect to easing the economic burden of illness, was not apparent in these changes. So the medical society was roundly criticized by the press.

Do the New York doctors want the public to understand why the changes are desirable? Then they'll have to do a better job of explaining what's wrong with prepay group insurance—from the *patient's* standpoint. And the doctors will need the help of the press, in order to make their point widely known and understood.

## The Revised Code

In December, 1953, the A.M.A. House of Delegates adopted a new set of amendments to the association's code of ethics. The section now called "The Relationship of the Physician to Media of Public Information" seems to me a good step toward freer relations with the press.

Because it offers a pretty workable pattern, I should like to conclude these remarks by quoting a few passages:

"An ethical physician may provide appropriate information re-

A cleaner, safer way to relieve STUFFED-UP NOSE

# Novahistine

Clears nasal passages and relieves sneezing, itching, and watery eyes

Two  
active  
ingredients:  
(1) Phenyltoloxamine  
hydrochloride  
50 mg  
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hydrochloride  
100 mg

Novahistine  
is compatible  
with  
oral  
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garding important medical and public health matters which have been discussed during open medical meetings or in technical papers which have been published, and he may reveal information regarding a patient's physical condition if the patient gives his permission, but he should seek the guidance of appropriate official spokesmen of competent or constituent medical societies. . . . These provisions are made with full knowledge that the primary responsibility of the physician is the welfare of his patient, but proper observation of these ethical provisions by the physician concerned should protect him from any charge of self-aggrandizement."

### Colleagues' Sanction

And note this paragraph:

"Scientific articles written concerning hospitals, clinics or laboratories which portray clinical facts and techniques and which display appropriate illustrations may well

have the commendable effect of inspiring public confidence in the procedure described. Articles should be prepared authoritatively and should utilize information supplied by the physician or physicians in charge with the sanction of appropriate associates."

So it's clear that the A.M.A. has done and is doing much to foster a more realistic viewpoint regarding medical news. It seems to me that the association is trying to bring about among its members a less critical attitude toward doctors who cooperate with the press.

I hope that physicians everywhere will familiarize themselves with the new amendments; and I hope, too, that state codes will be brought into conformity with the national code. Only if the story of American medicine continues to unfold in all its warm, human detail, will the American doctor continue to receive the public acclaim he so fully deserves.

END

## Gluteal Greeting

● Our nurse, Margie, who gives the injections in our office, was confronted on St. Patrick's Day by one of our Irish patients. He had come in for his weekly thiamine shot.

As he routinely lowered his trousers to receive the needle, a not at all routine sight met the nurse's eyes: Embazoned in green silk on his white shorts was a cheerful "Top o' the mornin', Margie!"

—MILTON H. IVENS, M.D.



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*To Combat Irritability and Sleeplessness in Infants and Children*

**SAFE** Lullamin Drops are free of bromides, barbiturates and narcotics—they act by the formation. Clinical experience with children reveals no undesirable side effects.

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Lullamin Drops are a solution of Lullamin in a suitable flavoring.

## DOSAGE:

Infants: 1/2 to 1 drop  
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## FOR DAYTIME SEDATION:

## TO AID IN INDUCING SLEEP:

## ISSUED:



LULLamin is a registered trademark of Reed and Carnrick.

# What the Law Says About Experimental Therapy

*The patient's consent is vital, but it doesn't cover everything. 'Due care and skill' on your part are also essential—and harder to prove*

By George I. Swetlow, M.D., LL.B.

● Some years ago, when many X-ray procedures were still experimental, a Missouri physician was sued for burns inflicted on a patient he was treating for eczema. The doctor had given fair warning of the hazards of X-ray, even refusing treatment until the patient had assumed "all known and unknown risks." But it was shown at the trial that the patient had been placed too close to the machine. The doctor was held liable for damages.

The court held that a patient cannot legally assume the risk of a doctor's negligence. "Consent means nothing," said the judge, "unless due care and skill are employed by the physician." The doctor was liable *not* because he had experimented, but because he had experimented improperly.

This principle still holds. Many of the older cases of medical jurisprudence are among the best guideposts available today. Medicine is progressive, groping constantly into the future for new tenets; but the law is conservative, relying on precedent. The practice of medi-

---

DR. SWETLOW, a neuropsychiatrist who turned to law in 1931, is an authority on medical jurisprudence.

*No more barbiturates,  
no more chloral!*

We prefer  
**CLORTAN**  
for

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Sedation

Now, at last, you can prescribe a sedative-hypnotic that's  
*free from gastric irritation • free from habituation  
free from hangover*

Clinical experience with CLORTAN continues to confirm Beckman's observation: "I think the profession would do well to use this drug more often in insomnia, since it affords chloral hypnosis without gastric irritation.<sup>1</sup>"

**For control of motion sickness, too.**

CLORTAN capsules provide chlorobutanol in a new, stable, convenient form. CLORTAN does not upset the stomach; on the contrary, it exerts on the gastric mucosa<sup>2</sup> a soothing and spasmolytic influence which, combined with its sedative power, makes it a drug of choice in control of sea-, air-, and car-sickness.

*Dosage: Sedative-Antispasmodic, 0.25 Gm. 2 to 4 times daily. Nausea or Motion Sickness: 0.25 Gm., repeated in 30 minutes if necessary. Hypnosis: 0.5-1.0 Gm., ½ to 1 hour before retiring. Contraindicated only in severe cardiac, hepatic or renal disease.*

CLORTAN is supplied in golden-orange, soft gelatin capsules, 0.25 Gm. (3¾ Gr.) and 0.5 Gm. (7½ Gr.); bottles of 100.

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# H

Hypnosis



Sample and  
literature  
on request

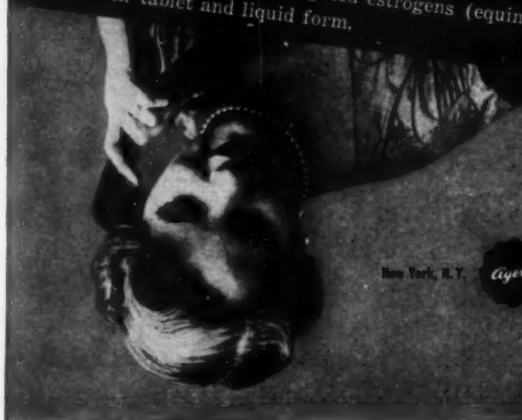
1. Beckman, H. *Treatment in General Practice* (Saunders) 1948. 2. Krantz, J. C. & Carr, C. J.: *The Pharmacologic Principles of Medical Practice* (Williams & Wilkins) 1951.

# TRAN

Sedative-Hypnotic-Antinauseant : Capsules Stable Chlorobutanol (Wampole)  
Henry K. Wampole & Company, Inc., 440 Fairmount Ave., Phila. 23, Pa.



Every patient who complains of such classic menopausal symptoms as **hot flashes** has a counterpart whose symptoms are less clearly defined; yet equally distressing . . . for example, easy **fatigability**, tachypnea, insomnia, headache. Frequently, these symptoms of declining ovarian function are not identified as such because they occur long before or even years after menstruation ceases. The patient exhibiting these symptoms may be expected to **respond** to estrogen therapy. **"Premarin"**® presents the complete equine estrogen-complex as it naturally occurs. It not only produces prompt symptomatic relief, but also imparts a gratifying and distinctive **"sense of well-being."** It is tasteless and odorless. "Premarin," estrogenic substances (water-soluble), also known as conjugated estrogens (equine), is supplied in tablet and liquid form.



New York, N.Y.

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Montreal, Canada



time modified by law has long been established as serving the best interests of the patient.

In experimental therapy, the first rule is to make certain the patient understands that the treatment is experimental. A Midwestern orthopedist, reducing a fractured tibia, attempted a new method calculated to improve the bone alignment. He first went carefully into the rationale with the patient, who then gave his assent. But when things didn't work out, the patient sued—and won.

What the doctor had neglected to disclose was that the procedure was of his own devising, and that no other physician had yet attempted it. In short, that it was highly experimental.

### What's an Experiment?

Where does experimental treatment end and orthodox treatment begin? Therapy is not experimental, a New York court has ruled, if "the cases in which it was tested were substantially the same [as the case at hand] and the treatment has been successful in so many instances as to establish the propriety and safety of adopting it."

Mere newness of a therapeutic procedure doesn't necessarily make it experimental. For example: A Michigan G.P., faced with the prospect of amputating a patient's bone-diseased foot, called in a specialist. Trying to save the foot, the specialist adopted a line of treatment that had just been reported in his spe-

cialty journal. The treatment failed; and the foot had to be amputated.

The patient, charging unauthorized experimental therapy, haled the specialist into court. Result: a verdict for the doctor. Here's why:

### Value Proved

Though the treatment was novel, it had passed the experimental stage. It had been successfully used in similar cases by more than one physician. Results had been published in a professional periodical of recognized standing. The court observed that the practitioners of a reputable school of medical thought are not to be harassed by litigation merely because their ideas are new or their group a minority.

"Due regard," said the judge, "must be given to the present advanced state of medicine. Any improvement of methods will almost always emerge as a departure from what the majority of physicians have heretofore held."

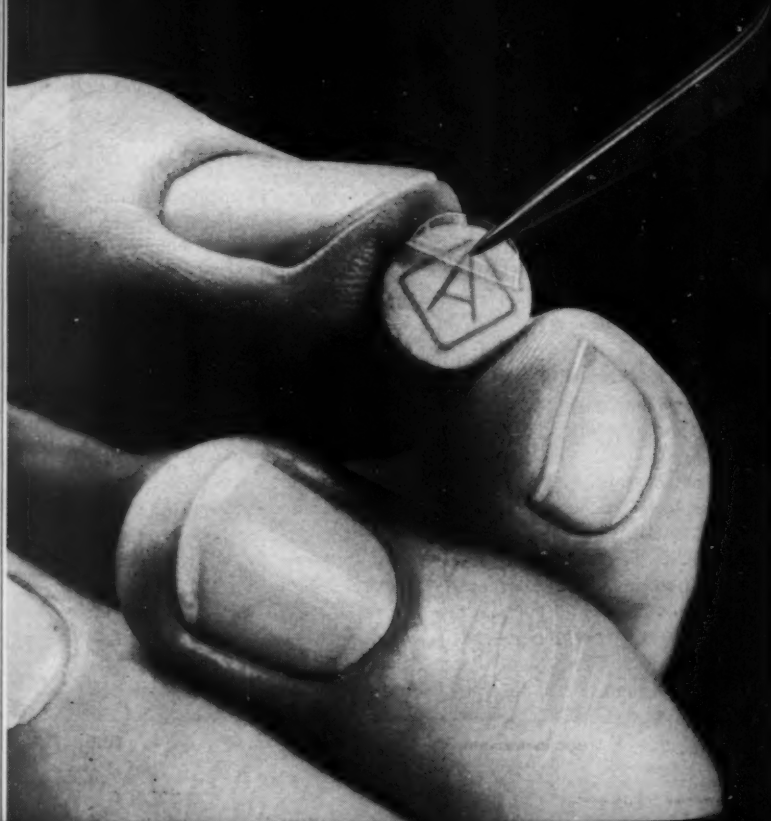
The trail-blazing practitioner, however, is always courting a brush with the law. Most juries tend toward compensating damage-seeking plaintiffs. Which means that the M.D. who veers even slightly from the straight-and-narrow of established therapy had better be prepared to prove that he used extra care and diligence.

Take the ENT man in California who undertook an alcohol-and-novocaine injection of an asthma patient's nasal ganglion. He decided

*the coating so thin.*

*you can almost peel it...*

*high blood levels...*



ls... in 2 hours or less

Filmtab<sup>®</sup>

# Erythrocin<sup>®</sup> Stearate

(Erythromycin Stearate, Abbott)

*disintegrates faster than enteric-coated erythromycin*

**TISSUE-THIN FILMTAB COATING** (marketed only by Abbott) actually starts to dissolve within 30 seconds after administration—makes ERYTHROCIN available for immediate absorption. Tests show that new Stearate form definitely protects ERYTHROCIN from gastric juices.

**BECAUSE THERE'S NO DELAY FROM AN ENTERIC COATING,** your patient gets high, inhibitory blood levels within 2 hours—instead of 4-6 as before. Peak concentration at 4 hours, with significant levels for 8 hours.

**USE FILMTAB ERYTHROCIN STEARATE** against the cocci . . . and especially when the organism is resistant to other antibiotics. Low in toxicity—it's less likely to alter normal intestinal flora than most oral antibiotics. Conveniently sized (100 and 200 mg.) Filmtab ERYTHROCIN Stearate is available in bottles of 25 and 100. *Abbott*

\*TM for Abbott's film sealed tablets, pat. applied for

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## *in angina pectoris... status anginosus*

**PENTOXYLON**—combining the tranquilizing, stress-relieving, bradycrotic effects of Rauwiloid and the prolonged coronary vasodilating effect of pentaerythritol tetranitrate (PETN)—provides a completeness of treatment heretofore unavailable to angina patients.

**Therapy in depth**—for the first time encompasses effective treatment for cause-and-effect mechanisms, which goes deeper than the superficial plane of relief afforded by simple coronary vasodilatation.

Continued therapy with Pentoxylon can be expected to reduce markedly or abolish nitroglycerin requirements, and greatly relieve the apprehension of the patient who lives in dread of the next attack.

Each long-acting tablet of Pentoxylon contains pentaerythritol tetranitrate (PETN) 10 mg. and Rauwiloid 1 mg.

**Dosage:** 1 to 2 tablets q.i.d. Available in bottles of 100 tablets.

- Reduces nitroglycerin needs
- Reduces severity of attacks
- Reduces incidence of attacks
- Increases exercise tolerance
- Reduces tachycardia
- Reduces anxiety, allays apprehension
- Lowers blood pressure in hypertensives
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- Produces objective improvement demonstrable by EKG.

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to reverse the usual procedure of injecting the novocaine first, followed by the alcohol. And, in carrying out the treatment, he pierced the bony structure between the right nostril and the right orbit; not until later did he learn that this bone wall had been partly removed in a previous operation.

The alcohol was injected where it could damage the optic nerve, and the patient lost the sight of his right eye. He sued, charging unwarranted experimentation.

The jury reached a decision in favor of the patient. It assessed the doctor \$15,000—less because of experimentation than because of failure to use extra diligence.

The fences that the law builds around experimental therapy also help to keep out quacks. So the doctor must be prepared to prove that his treatment makes medical sense. For example, an Illinois practitioner once advertised in the papers that he could remove smallpox pittings. A patient paid him \$125 and submitted to the doctor's "painless"

carbolic-acid treatment. In the resulting suit, the practitioner was held liable because he knew *or should have known* that such treatment was medically absurd.

### Good Protection

But it's the borderline cases involving reputable physicians that present the real posers. What can the well-intentioned medical man, convinced that an experimental approach is warranted, do to protect himself?

Here are four recommended steps:

1. Get the patient's consent in writing.
2. Be sure the document he signs makes clear that the treatment is experimental; be sure it states the risks entailed.
3. Obtain corroboration from other qualified physicians on the advisability of the experiment.
4. If possible, have one or two other qualified physicians witness any experimental surgical procedure, to attest to your skill and diligence.

END

### G.P.'s Prayer

Lord, all I ask is sense to flee  
 From folks who need psychotherapy.  
 Let somatic ills keep me employed  
 In general practice, un-a-Freud.

—RAY BLACK

# 'Vasocort': the safe **hydrocortisone** preparation for the local treatment of acute, chronic and allergic rhinitis

'Vasocort' contains *hydrocortisone* (compound F), the most effective anti-inflammatory agent. Because it is so effective, maximum therapeutic response is achieved topically with an extremely low concentration of hydrocortisone (0.02%)—the exact concentration of 'Vasocort'. Consequently, 'Vasocort' produces none of the untoward effects commonly associated with systemic hydrocortisone therapy.

In addition, 'Vasocort' provides the additive vasoconstrictive action of two superior decongestants—phenylephrine hydrochloride, for rapid onset of shrinkage, and Paredrine\* Hydrobromide, for prolonged shrinkage. Yet, because each is present in relatively low concentrations, 'Vasocort' almost never produces rebound turgescence.

'Vasocort' is safe, not only for adults, but for children as well—even over extended periods of time. And remember, despite the fact that 'Vasocort' contains hydrocortisone, it is not expensive.

*In prescribing, be sure to specify:*

## VASOCORT† SOLUTION

or

## 'VASOCORT' SPRAYPAK†

*Smith, Kline & French Laboratories, Philadelphia 1, Pa.*

\*T.M. Reg. U.S. Pat. Off. for hydroxyamphetamine hydrobromide, S.K.F.

†Trademark. Patent 2181845 Other patents applied for

# How to Plan Your Life Insurance Settlement

*There are five different methods of having the proceeds paid. Here's what you—and your widow—will want to know about each of them*

By Bion H. Francis

● You probably know *how much* your life insurance will pay at your death. But what about the *method* of payment?

The five ways that life insurance proceeds may be paid are (1) as a lump sum, (2) in trust, (3) under interest option, (4) under installment option, and (5) under life-income option. Which way you choose can mean the difference between a good life and a poor one for your survivors.

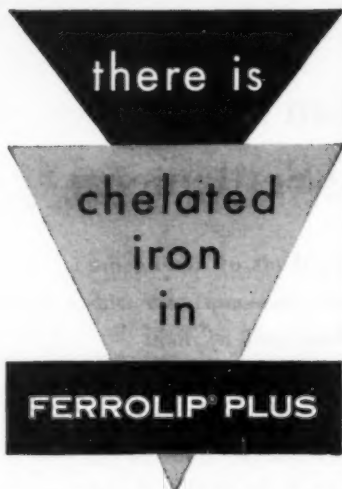
So let's consider these pay-off methods, one by one, and look into the pros and cons of each:

## 1. Lump-Sum Method

If you give the insurance company no special instructions, the proceeds at your death will be paid as a lump sum. This means that your wife (or other principal beneficiary) may be faced with the problem of managing substantial amounts of money. Assuming that she has no more investment experience than most women, she runs

---

MR. FRANCIS is an insurance consultant who has written extensively on the subject. Among his books are "Life Insurance From the Buyer's Point of View" and "How to Start a Life Insurance Program."



the entirely new and different chelated iron (Ferrolip), plus all other known basic hemogenic factors

- no gastrointestinal irritation
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When iron is chelated, the iron is gradually released in the intestine. There is no irritating mass release of free iron. Better uptake also results.

Each Ferrolip Plus Capsule contains:

Iron Choline Citrate† (Ferrolip)	200 mg.
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Folic Acid	0.5 mg.
Ascorbic Acid	50 mg.
Thiamine HCl	2 mg.
Riboflavin	1 mg.
Pyridoxine HCl	0.5 mg.
Desiccated Duodenum*	100 mg.
Liver—Gastric Tissue*	100 mg.

\*Contains Intrinsic Factor  
†U. S. Patent No. 2575611

Bottles of 100 and 1000. 1 to 3 capsules daily.

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TOLERATED FERROLIP**

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## INSURANCE SETTLEMENT

the risk of suffering serious losses—or, through overcaution, of realizing too little income to live on.

So it's usually wise to steer clear of the lump-sum method of payment—at least on life insurance policies of any appreciable size. Instead, devise a pay-off program that will meet your family's needs over a period of years. (Many insurance agents, by the way, are trained to help you plan such a program.)

### 2. Trust Method

You may, for example, specify that your life insurance proceeds be paid into a trust fund for your wife, perhaps managed by a local bank. This does away with most of the disadvantages that stem from lump-sum payment.

But remember that the bank will deduct its management fee from the trust's income. This is something to bear in mind as you weigh the trust-fund idea against three other ways of leaving your insurance. These three ways are described under the heading "Optional Modes of Settlement," on the inside of each of your life insurance policies. Here are the facts on each:

### 3. Interest Option

Under the "interest" method of settlement, the insurance company retains the proceeds of your policy. It pays your beneficiary a guaranteed rate of interest on these proceeds, the rate being specified in the policy. (Additional interest may be



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"Which vitamin drops should I use?" --

she looks to you for specific advice.

And when you specify easy-to-take

Vi-Penta® Drops 'Roche,' you know

they are dated to ensure full

potency...they contain synthetic

vitamin A plus seven other vitamins

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Especially

for

"night cough" —

Syrup Sedulon® 'Roche' although non-narcotic is so effective that it can often be used in place of codeine. Its gentle sedative effect is especially useful for night cough -- and children as well as adults like the taste of Sedulon.

## INSURANCE SETTLEMENT

paid as earned. Today most companies actually pay 2% to 3 per cent.)

If you wish, your beneficiary can also draw upon the principal, subject to certain restrictions you may impose (a common provision also in trust funds).

### 4. Installment Option

You can instruct the company to pay your beneficiary the proceeds of your life insurance (plus accrued interest) in equal installments over a specified period of years, or in fixed installments of \$100 or so for as long as the proceeds will last.

The installment option, in combination with other settlement methods, can be used to insure your family adequate income during the years your children are growing up.

### 5. Life-Income Option

Under this final method, the insurance company pays your beneficiary a fixed income for life. The income is usually guaranteed for a specified number of years, whether your beneficiary lives or not. Assuming that the beneficiary is your wife, this protects your children if she dies before they are grown. (If she survives the guaranty period, the income continues until her death.)

As a group, the optional settlement methods listed in your policies have two main advantages over the trust method. First, the insurance company (unlike the bank) makes no charge for its services in administering the funds. Second, it guar-



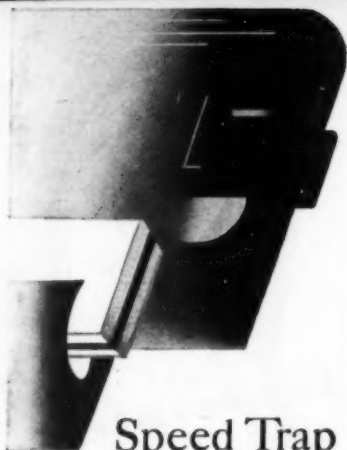
## SEPTISOL

with HEXACHLOROPHENE 0.75%

### ANTISEPTIC LIQUID SOAP

Daily hand washing with SEPTISOL forms an invisible but protective film on the skin. For SEPTISOL contains the antiseptic agent, HEXACHLOROPHENE, which remains on the skin after the hands are rinsed and dried. This antiseptic film provides a continuous barrier to infection and disease transmission with complete skin safety.





## Speed Trap

Those who *insist* on hurrying their meals, only to be caught with an attack of acid indigestion, can get the relief they need with BiSoDol.

This fast-acting antacid helps effectively neutralize gastric acidity which causes stomach upset and prevents the immediate return of the disturbance! BiSoDol actually soothes and protects irritated stomach membranes. When you warn your "hurry hurry" patients about gulping their food, why not also tell them about the relief BiSoDol can bring.

fast / acting

**BiSoDol**

/ tablets or powder

WHITEHALL PHARMACAL COMPANY

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194

## INSURANCE SETTLEMENT

antees both principal and income; no bank will guarantee either with respect to a trust fund. On the other hand, a trust fund could ordinarily be expected to pay a higher income (even after management charges) than the guaranteed interest rate offered by an insurance company.

To see what these guaranteed rates are, take a look at your insurance policies. You'll find the interest figure given under the interest-option mode of settlement. That figure may range anywhere from 2 to 3% per cent, depending mainly on how long ago you bought the policy.

Note that the figure is lower in your newer policies than in your older ones. That's because interest rates on high-grade bonds, in which insurance companies invest a large part of their resources, have sagged appreciably in recent years. Result: Insurance companies have had to whittle down the rate of interest they can promise to pay.

The varying interest rate from policy to policy is an important factor in planning the way your insurance proceeds are to be paid. It means that the optional modes of settlement offered in older policies are apt to be bargains, as compared with any similar returns available today.

For example, suppose you want your wife to have a life income of \$200 a month from your insurance, with a twenty-year guaranty. Suppose she'll be 45 when the income starts. Under interest rates offered

# WHEN YOUR PATIENT MUST KEEP GOING



provides  
sedation

# K Ū S E D

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all along  
the line . . .  
with  
alertness  
unimpaired

When your patient needs sedation but must face the stresses of daily life, you can provide comprehensive sedation plus a psychic release — without clouding of consciousness, gastric disturbance, or drug "hangover" — by writing KŪSED.\*

KŪSED acts synergistically at three important levels of the nervous system — brain, spinal cord, myoneural junctions — thus permitting effective relaxation without heavy barbiturate dosage.

KŪSED is used widely in anxiety tension; in the control of the tremors and malaise of acute alcoholism; and as a prelude to psychotherapy.

Each KŪSED\* capsule contains:

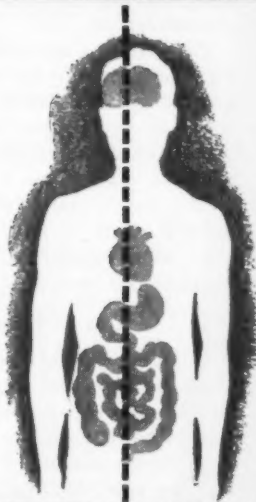
Mephnesin . . . . .	250	mg.
Calcium Glutamate . .	62.5	mg.
Phenobarbital . . . . .	7.5	mg.
1-Hyoscyamine HBr . .	0.0625	mg.

**DOSE:** 2 capsules t.i.d. or as indicated, after meals or with milk or fruit juices.

**SUPPLIED:** Bottles of 100, 500, and 1000 distinctive brown-and-yellow capsules.

*Samples and literature on request*

\*Trademark of Kremers-Urban Co.



Ethical Pharmaceuticals Since 1894  
**KREMERS-URBAN  
COMPANY**  
LABORATORIES IN MILWAUKEE

## INSURANCE SETTLEMENT

in representative policies written since 1942, you'd have to hold more than \$59,000 worth of insurance to swing this deal.

But if you bought your insurance before 1933, as little as \$42,000 worth could provide her with the same life income.

To put it another way: \$1,000 worth of insurance bought before 1933 may give a 45-year-old widow \$4.80 a month for life (twenty years guaranteed); \$1,000 worth bought since 1942 may give her only \$3.37 a month for life.

The difference is even more striking if the beneficiary is older and the guaranty period shorter. Suppose your wife is 65 when the income starts, and the guaranty period is only five years. Then, to give her \$200 a month, you need hold only \$22,000 worth of pre-1933 insurance, as contrasted with \$36,000 worth bought since 1942.

### How to Plan

What, then, is the best way to go about planning the disposition of your life insurance proceeds? Here's a suggested procedure:

1. Decide on a life-income figure for your wife. Also, fix a guaranty period appropriate to the ages of your children. (Don't extend this period unduly, since this would unnecessarily cut your wife's income.)

2. Go through your policies and pick out the one that pays the best life-income figure, per \$1,000 of proceeds, for a woman of your wife's

THE ONLY COUGH MEDICATION  
WITH THIS CLINICAL PROOF

OF  
ASTHMA THERAPEUTICS

FOR  
PATIENT TREATMENT

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*Formula:* Each 5 cc. teaspoonful  
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Glyceryl guaiacolate...100 mg.  
Desoxyephedrine hydrochloride...1 mg.  
in pleasant-tasting aromatic syrup.

Richmond 20, Virginia

# ROBITUSSIN<sup>TM</sup>

Robins

"Since the patient's preference  
is based finally on  
*pleasant taste,*  
*lack of side effects*  
*and subjective effectiveness*  
*in the control of cough,*  
it must be concluded  
*Robitussin was the effective*  
*cough medicine of choice."*

—From "Comparative Clinical Effectiveness of  
Cough Medication", by L. J. Cass and W. S. Frederik,  
*in American Practitioner and Digest of Treatment*,  
Vol. 2, p. 844, October, 1961.

N.B.: In whooping cough patients, Robitussin proved  
universally palatable and reduced coughing  
by 50 percent.

—From "The Successful Treatment of Cough"  
by K. Blanchard and R. A. Ford, read at North Pacific  
Pediatrics Society Conference, September 1953.

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1955  
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Dr. ....

Address .....

City ..... State .....

**198**

**MEDICAL ECONOMICS · NOVEMBER 1954**

**INSURANCE SETTLEMENT**

age and for the guaranty period you've decided on. This will probably be one of the oldest policies you hold. If one policy isn't enough to give her the income she needs, add another to it. Arrange to have the proceeds of these policies paid under the life-income option.

3. Decide how much additional guaranteed income your wife should have while the children are growing up. From your remaining policies, pick the one offering the best guaranteed-interest rate. Arrange to have this paid under the installment option, to cover the period until your children will be self-supporting. (You may wish to combine the trust or interest-option method with the installment method, to meet educational or other special expenses of the children.)

4. Earmark some or all of your most recent policies for lump-sum payment. The cash will be needed for funeral expenses and other immediate costs.

**END**



**"AH-H-H-H !"**



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**CALPURATE** the chemical compound theobromine calcium gluconate, provides uninterrupted cardiac therapy, affording lasting peace and comfort.

**CALPURATE** is recommended by outstanding clinicians<sup>1,2,3</sup> as safe prophylaxis in the management of

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available as, **CALPURATE** with Phenobarbital  
16 mg. ( $\frac{1}{4}$  gr.) phenobarbital  
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**CALPURATE** tablets of 500 mg. ( $7\frac{1}{2}$  gr.)

1. Hejmancik, W., Current Therapy, p. 121, 1953. Edited by H. F. Conn, M.D.

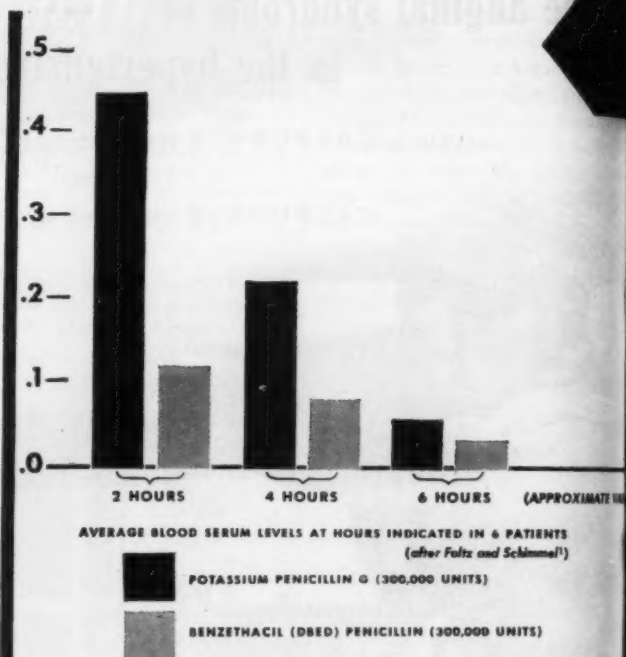
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3. Beckwith, J. R., Coronary Artery Disease, West Virginia Med. J., Nov. 1952, p. 313.

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## *Higher Continuous Levels with Potassium Penicillin G—the Ideal Oral Penicillin Salt*



**A comparative study of oral penicillins showed significantly and consistently higher continuous blood levels with potassium penicillin G than with an insoluble penicillin salt.**

Not only high initial peaks but  
continuously effective blood levels  
are attained with

# DRAMCILLIN

—BUFFERED CRYSTALLINE POTASSIUM PENICILLIN G

Potassium penicillin G is also more effective than other oral penicillin salts in attaining the highest peak immediately following the first dosage.<sup>1</sup> Its attack on susceptible organisms thus begins practically at zero hour after administration.

Investigations by Boger and co-workers<sup>2</sup> indicate that *no insoluble salt of the antibiotic is superior to potassium penicillin G.*

Dramcillin is unusually palatable, and is well liked by adults, children, and infants.

Dramcillin, after being constituted by the pharmacist, retains full potency for two weeks under refrigeration.

## WHERE THE ORAL ROUTE IS PREFERRED—

**DRAMCILLIN** 100,000 units\* per teaspoonful (5 cc.)  
**DRAMCILLIN-250** 250,000 units\* per teaspoonful (5 cc.)  
**DRAMCILLIN-500** 500,000 units\* per teaspoonful (5 cc.)  
**DROPCILLIN** 50,000 units\* per dropperful (0.75 cc.)

## ALSO:

Dramcillin-250 with Triple Sulfonamides  
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Dramcillin-250 Tablets with Triple Sulfonamides

WHITE LABORATORIES, INC., Kenilworth, N.J.

1. Foits, E.L., and Schimmel, N.H.: Comparison of Orally Administered Penicillins, *Antibiotics & Chemotherapy* 3:593 (June) 1953.

2. Boger, W.P., Bayne, G.M., Carfagno, S.C., and Gylfe, J.: Oral Penicillin: Evaluation of Available Dosage Forms, Scientific Exhibit, A.M.A. Convention, New York (June) 1953.

\*Buffered crystalline potassium penicillin G

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## Iberol<sup>®</sup> is Iron-plus

Just 3 tablets a day supply:

ferrous sulfate, U.S.P. .... 1.05 gm.  
(210 mg. of elemental iron)

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stomach-liver digest .... 1.5 gm.  
(containing intrinsic factor)

+

ascorbic acid .... 150 mg.

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vitamin B<sub>12</sub> .... 30 mcg.

folic acid .... 3.6 mg.

thiamine mononitrate .... 6 mg.

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nicotinamide .... 30 mg.

pyridoxine hydrochloride .... 3 mg.

pantothenic acid .... 6 mg.

*the right amount  
of iron*

*plus complete  
B complex*

Abbott



*a pleasant-tasting  
hard tablet,  
not a soft capsule*

408173

# Gynecological Grab-Bag

*A specialist faithfully records his patients' answers to a leading question—and decides that the Fifth Amendment has given them ideas*

By Allan C. Barnes, M.D.

● I have been impressed, as have all physicians, by our professional obligation towards lay education in matters medical. The term "doctor" originally meant "teacher," and the physician who does not instruct his patients is a pretty poor specimen indeed.


Inspired by thoughts and ideals such as these, I sat down recently to write a manual for patient instruction. My topic, I felt, was of the utmost importance, and I was reasonably sure the world—in fact both the feminine and masculine worlds—would welcome my contribution.

The title of the arbeits was to be, "How to Remember the Date of Your Last Menstrual Period." And the value of an authoritative monograph on this subject is immediately apparent. Think, I reasoned, *think* of the untold personal tensions that could be relieved, of the family discussions obviated, and of the hours saved in innumerable offices of physicians—hours accumulated as we patiently await the answer to that recurrent question: "When was your last menstrual period?"

All that was needed was a set of rules, a clear-cut opus on the subject. This would surely be a significant contri-

---

DR. BARNES teaches obstetrics and gynecology at Western Reserve University. This scholarly article appeared first (naturally) in the *Journal of Obstetrics and Gynecology*. We reprint it here because of its obvious contribution to medical folklore.




## PROTAMIDE® for NEURITIS

...types resistant to other therapy—where nerve root inflammation is not caused by mechanical pressure<sup>1</sup>

## COMPLETE RELIEF OF PAIN

in 80.7% of patients...  
52.9% in 5 days<sup>1</sup>




## PROTAMIDE® for HERPES ZOSTER

...even cases unresponsive to a wide variety of other medications<sup>2</sup>

## GOOD TO EXCELLENT RESULTS

in 82.7% of patients in two studies...  
70.4% with 5 injections or less<sup>2,3</sup>



## USE PROTAMIDE® FIRST

...as early as possible in  
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**in Neuritis—COMPLETE RECOVERY IN 100%** of patients when Protamide therapy was started not later than the fourth day of illness... 80.3% recovering after five days of therapy.<sup>1</sup>

**in Herpes Zoster—GOOD TO EXCELLENT RESULTS IN 93.3%** of patients (80% with 5 injections or less) when Protamide therapy was started during the first week of illness.<sup>2,3</sup>



## PROTAMIDE® IS SAFE

with "no untoward reactions or  
evidence of toxicity"<sup>2</sup>

**PROTAMIDE** is a sterile colloidal solution of processed and denatured proteolytic enzyme obtained from the glandular tissue of fresh hog stomach. It is supplied in boxes of ten 1.3 cc. ampuls and the usual dosage is 1 ampul daily by intramuscular injection. Available through your regular source of supply.

### REFERENCES:

1. Smith, R. T.: New York Med. 8:16, 1952.
2. Comben, F. C. & Cantares, O.: New York St. J. Med. 52:796, 1952.
3. Marsh, W. C.: U.S. Armed Forces M. J. 1:1045, 1950.



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BIOLOGICALS • PHARMACEUTICALS  
ANN ARBOR DETROIT NEW YORK

bution to the health education of our patients.

I launched my project in proper scientific fashion by collecting the fundamental data. Whenever I asked this particular question, I would poise my pencil over the record and promptly write down the next sentence that the patient uttered.

Regardless of the patient's age, regardless of the patient's I.Q., in over a thousand cases I faithfully wrote down what the woman said when asked for the date of her last menses. With this data recorded and coded, I divided the answers into certain broad classifications, together with the percentage of patients falling into each group.

Now it must be admitted immediately that a certain number of women quite simply answered the question which they had been asked. This came as a distinct surprise to the writer, who had had the *a priori* impression that no woman ever directly answered this particular question with a specific date.

Nevertheless, of the entire study series, 8 per cent replied promptly with the desired figure. In general, these women were the wives of internes or younger staff men; and their replies were made mechanically, as though they had been carefully rehearsed just prior to setting out for the gynecologist's office.

The largest group, however—48 per cent—answered this question by

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MEDICAL ECONOMICS • NOVEMBER 1954

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asking one. This is said to be a distinctive characteristic of American conversation ("What were you doing last night?"—"Whaddya wanna know for?"); but I had never before realized its pervasiveness. Thus, for example, in response to the question, "When was your last menstrual period?" would come the answering question: "Let's see, when was the Missouri game?"

### See the Sports Pages

These questions that were asked of me tended to center around athletic contests or outstanding social events. They called for a rather extensive knowledge on my part of contemporary affairs.

Accordingly, I have found that in

the long run it saves time (in this part of the country) if a gynecologist will memorize the Big Ten football schedule, the dates of the Kentucky Derby, the World Series, and the strawberry festival at the Methodist Church. Armed with some such fixed point, patient and doctor can count forward one, two, or even six months, as the case may be.

The next largest group (29 per cent) answered the given question by making a statement to themselves. Rather than launching into a counting effort that included their physician, they would launch into a quiet monologue of personal events that excluded him.

On reviewing these statements, one finds that they range over a wide

now 50%  
more potent in  
antipernicious anemia factor

# TRINSICON

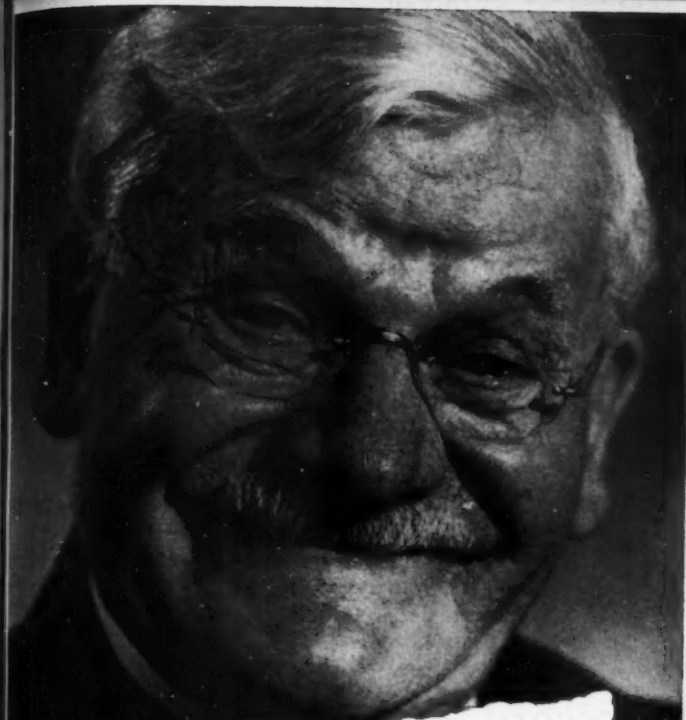
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*Lilly*

Contains new Vitamin B<sub>12</sub> with Intrinsic Factor Concentrate, U.S.P.; plus Special Liver-Stomach Concentrate, Lilly; ferrous sulfate, anhydrous; ascorbic acid; and folic acid.



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AMERICA'S NO. 1  
HOT WHOLE WHEAT CEREAL

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To record surgery *brilliantly*...

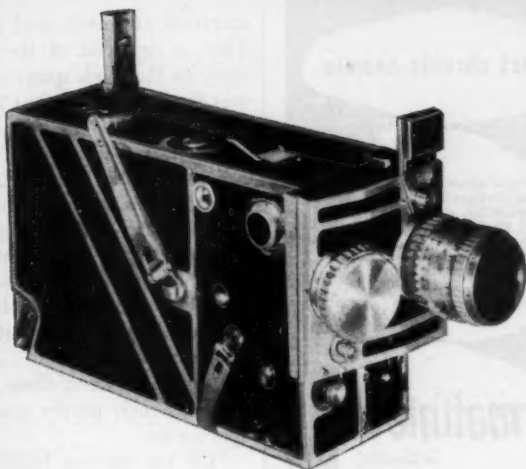
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TRADE-MARK

## correct chronic anemia

Unexplained weakness, easy fatigability, pallor, palpitation, and dyspnea on exertion ordinarily are the tell-tale signs of a chronic anemia in women during the third to fifth decades.<sup>1</sup>

<sup>1</sup> Bell, C. E.; M. Clin. North America 34: 1778, 1950.

## armatinic<sup>®</sup>

*activated*

When you prescribe Armatinic Activated you give exceptionally effective potencies of all hematopoietic factors which combat both macrocytic and microcytic anemias.

Each Armatinic Activated Capsulette contains:

Ferrous Sulfate	
Exsiccated.....	200 mg.
Vitamin B <sub>12</sub> .....	10 mcg.
Folic Acid.....	1 mg.
Vitamin C.....	50 mg.
Liver Fraction 2 N.F.	
with Duodenum	
(contains Intrinsic	
Factor).....	350 mg.

Average adult dose: 3 capsulettes daily. Bottles of 100 and 1000.

**A**

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## GYNECOLOGICAL GRAB-BAG

spectrum of moods and reactions. Thus at one end of the scale, in reply to the stock question, "What was the date of your last menstrual period?" we find the morbid:

"Well, now—Johnny fell down the cellar steps July 16, and I . . ."

And at the other end of the line we encounter the joyful:

"Let me see—the night we got drunk and drove all the way down from Indian River was July 16, and I remember that it was just ten days later that I—thank God! . . ."

And in between these, one encounters such purely practical responses as:

"Let me see—my husband came home from Chicago on July 16, and it was . . ."

Next, there's the "I don't remember" school of answer (11 per cent in my series). Indeed, one of my patients can keep better track of the six-month cycles of her Pomeranians than she can of her own twenty-eight-day cycle. She, and many like her, literally can't remember.

So it goes.

Actually, in these thousands of case records, I have accumulated a store of knowledge of remarkable value. My book would have been a valuable monograph, an instructive tome.

Would have been, I say, because I have abandoned the idea of writing it.

A new technique in question-answering has appeared on the horizon, and I see no reason why it

an  
unexpected  
treat

# SULFA-NEOLIN

(Benzathine Penicillin—G with Sulfonamides, Lilly)

taste-tested  
anti-infective that  
children like

Each teaspoonful (5 cc.) provides:

Benzathine Penicillin—G.....	300,000 units
Sulfadiazine.....	167 mg.
Sulfamerazine.....	167 mg.
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Stable, ready-to-use suspension, in bottles of 60 cc.

Dose: Usually 1 teaspoonful four times daily.

Also: NEOLIN (Benzathine Penicillin—G, Lilly)



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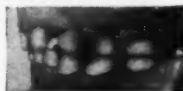
## THUMBSUCKING

since infancy caused this 4 year old's malocclusion.



**THUM**  
TRADE MARK

THUM broke the habit and teeth returned to normal position in 9 months.



Get Thum at your druggist or surgical dealer. Prescribed by physicians for over 20 years.



## GYNECOLOGICAL GRAB-BAG

should not sweep the country. As things are going now, the ink would not be dry on my magnum opus before it would be completely outmoded as a guide to responding to questions.

### 'I Refuse to Answer'

I am referring, of course, to the vogue—given currency and style by the televised Congressional committee hearings of recent years—for not giving any answers at all. It's becoming more and more fashionable to take shelter behind the Fifth Amendment, on the ground that a direct response might tend to incriminate the witness.

Certainly, there are few questions that potentially have a better chance of incriminating the witness than does the question: "When was your last menstrual period?" My first group (the 8 per cent) were obviously coached by counsel. The largest group, which ended up asking me the questions, were obviously the adroit witnesses.

But the woman who carries on the monologue of personal events and intimate history often implicates herself far more than she can possibly realize.

For her (and for those who are embarrassingly overdue) a retreat to the Fifth Amendment would be perfectly legitimate. I anticipate that our patients—who, I'm certain, have learned quickly from their television screens—will employ it more and more frequently.

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END

# The Full-Liquid Diet pulls its own weight!

**Packing good nutrition** into the full-liquid diet for your patients who must stay on it a long time is difficult. But, with a blender or egg beater, most foods can be used.

## Mix the same foods many ways—

Strained chicken in milk makes "bisque"—in tomato juice it's "creole." Add skim milk powder for a protein bonus.

Your patient may like cottage cheese whipped into milk flavored with chocolate and mint, or he can blend it with cranberry juice sparkled with lime.

Strained carrots go in milk, broth, or pineapple juice. Flavor the milk blend with nutmeg, the broth with parsley, and the juice with cinnamon and brown sugar.

Strained fruits in fruit juices do well with a squeeze of lemon.

## Then serve them up with dash—

Clear drinks look good in gaily painted glasses. But hide a drab-looking mixture in a napkin-wrapped jam jar.

Add a bright plastic straw. And for garnish, try a sprinkle of spice, a spoonful of sherbet, a dab of whipped cream, or a lemon slice hooked on the glass.

Of course, only you can tell your patient *just which foods* he can and must have, but these ideas can help guide him within the limits you set.



## United States Brewers Foundation

**Beer—America's Beverage of Moderation**

pH 4.3; 104 calories/8 oz. glass\*

If you'd like reprints for your patients, please write United States Brewers Foundation,  
333 Fifth Avenue, New York 17, N.Y.

\*Average of American beers

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New low price per qt., 80¢

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1. "PRESTONE" brand anti-freeze contains no alcohol. Vapor from solution cannot be ignited by a spark or cigarette.
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3. "PRESTONE" anti-freeze does not give off poisonous fumes. Methanol anti-freeze, no matter what it's called, is toxic under certain conditions.
4. "PRESTONE" anti-freeze contains a special oil inhibitor which protects against rubber decay, radiator clogging, and prevents rust from opening up small seepage leaks.
5. The chemical inhibitors in "PRESTONE" brand anti-freeze give your car the best protection against rust and corrosion over the full range of the 7 metals commonly used in cooling systems.
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*you're Set-Safe-Sure-with* **"PRESTONE"** anti-freeze

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# How I Went About Buying a Lot

*This physician learned the hard way—and his experience points up the legal, financial, and real estate problems you may have to face*

By Charles Miller, M.D.

● After being cooped up in rented quarters for two years, I was ready to build my own office. First, though, I had to find a lot. That turned into a lengthy chore. Before it was finished, I had pored over several books on property buying and had inspected about thirty sites in all parts of town.

When I finally bought my piece of land, I knew it was what I wanted. In dollars and cents it cost just over \$3,000—about 15 per cent of my total investment in land and office. But I now believe that careful shopping helped me avoid close to \$10,000 worth of mistakes.

So my experience ought to be worth something to you. You too may save yourself some money—and some headaches—if you make a preliminary study of certain key matters before you buy a lot. For instance:

1. *Utilities.* I almost grabbed the second plot I saw. It seemed to pass all the tests. It was in a quiet, well-tended neighborhood, within easy driving distance of my home. Good bus service was available for patients. And the price was reasonable—or so I thought until I asked about utilities at the local department of public works. The lot was in an area of town that had never been con-

## **More** doctors,

nurses and  
hospitals  
have used  
'Q-Tips'...

## **More** babies

have been  
cared for by  
'Q-Tips'...  
than all other  
prepared  
cotton swabs  
combined



# Q-TIPS®

Professional samples  
mailed on request.

Q-Tips Inc., Long Island City 1, N. Y.

## **BUYING A LOT**

nected to the central sewer and water mains.

I still had a yen for the location. Maybe it would be worth-while to put in a well and a septic tank. So I spent a few dollars and had a civil engineer make a soil analysis. He supplied the knockout punch. Under a thin layer of topsoil, the land was mostly clay and rocks. It would cost a small fortune to drill a well through the rocks; and a septic tank wouldn't drain properly because of the clay.

### **Why Pay Twice?**

Even if I did put in a well and a septic tank, utilities would probably be extended to the property some day. Then I'd be stuck with an assessment (thus paying twice for plumbing). The lot I finally built on had all utilities in—and paid for.

2. *Contour and soil.* One lot I passed up looked like a par-80 golf course. Grading the hills was out of the question. Another, surrounded by higher ground, was a natural catch basin for the neighborhood's rain water.

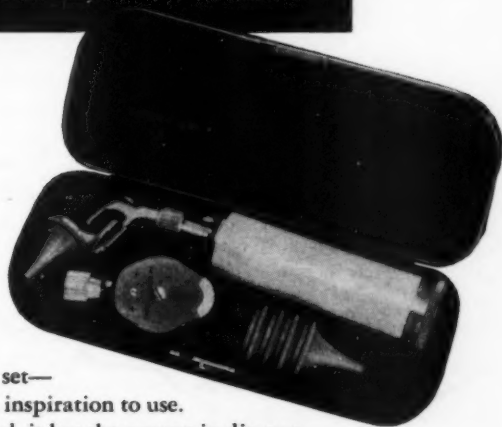
### **Reclaimed Ground**

Still another, I learned from nearby residents, was on reclaimed ground. Their common complaint was that the houses there were continually settling, causing cracks in concrete and plaster walls. And chimneys often pulled loose from the rest of the house.

Of course, I couldn't hope to spot

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Your new diagnostic set—  
a pleasure to own, an inspiration to use.  
Completely redesigned, it has the newest in die-cast  
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show it to you—or write: Bausch & Lomb Optical Co.,  
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BAUSCH & LOMB



# Parenzyme\*

*A new, effective weapon  
against acute  
local inflammation*

## Restores Local Circulation...



\* Intramuscular trypsin, in very small doses... 2.5 mg. (0.5 cc.)

THE NATIONAL DRUG COMPANY  
Philadelphia 44, Pa.



PARENZYME (INTRAMUSCULAR trypsin) is based on an entirely new concept of *biological continuity* . . . in terms of clinical enzymology. In very small doses, it initiates physiologic mechanisms—and

- dramatically restores circulation
- expedites repair of tissue
- prevents tissue necrosis

Safe, compatible, not an anticoagulant. No toxic reactions have been reported following administration of this new, intramuscular form of trypsin. PARENZYME therapy does not preclude the coadministration of other drugs. PARENZYME does *not* alter the clotting mechanism.

n... with dramatic benefits in

phlebitis

thrombophlebitis

phlebothrombosis

traumatic wounds

iritis

iridocyclitis

chorioretinitis

varicose and diabetic leg ulcers

DOSAGE: *Therapeutic:* 2.5 mg. (0.5 cc.) of PARENZYME (INTRAMUSCULAR trypsin) injected deep intragluteally 1 to 4 times daily for 3 to 8 days. *When more intensive therapy seems indicated, small doses at more frequent intervals ensure better results than larger doses less often.*

MAINTENANCE: To stabilize response to therapy, or in recurrent or chronic diseases, 2.5 mg. (0.5 cc.) once or twice a week may be required for maximum benefit.

Vials of 5 cc. (5 mg./cc.: crystalline trypsin suspended in sesame oil), by prescription only.

Information on PARENZYME and on the research background of clinical enzymology will be mailed on request.

# Parenzyme

Intramuscular trypsin



all the physical defects a lot might have. So I again consulted an engineer before signing papers to buy the lot of my choice. He made soil tests and borings. This way I was sure that (1) drainage was good and (2) subsoil was free of rock ledges that might interfere with excavating. I also got a go-ahead signal from my architect.

### What's the Tax Rate?

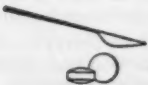
3. *Taxes.* Being a native, I knew the town's tax rate. I also knew that the town assessed improved property at about two-thirds its current market value. Since a single-tax system was used, I didn't have to worry about separate levies for schools, municipal services, and such.

The fact that taxes were fairly steep didn't bother me. We have an established, well-run community, the extra tax dollars pay dividends in better police and fire protection. Also, I don't expect tax rates to jump as rapidly as they might in a newly developed area.

### Make Sure of Welcome

4. *Restrictions and zoning laws.* The lot I bought was in a residential neighborhood—heavy industry prohibited. But I made sure doctors' offices were allowed! (Not all residential areas permit them, you know.)

Checking these points wasn't too hard. A list of restrictions was bound to turn up in the title search. A trip



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Pleasant-tasting antacid adsorbent for prompt, lasting relief of gastric hyperacidity or management of peptic ulcer . . . without constipating effects.

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RAUWOLFIA IN ITS  
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in the combination therapy of hypertension

**Rauwiloid<sup>®</sup>+Veriloid<sup>®</sup>**



in a single tablet

for moderately severe hypertension

Each tablet contains 1 mg. Rauwiloid and 3 mg.  
Veriloid. Initial dose, one tablet t.i.d., p.c.

**Rauwiloid<sup>®</sup>+Hexamethonium**



in a single tablet

for rapidly progressing, otherwise intractable hypertension

Each tablet contains 1 mg. Rauwiloid and 250 mg. hexamethonium  
chloride dihydrate. Initial dose, ½ tablet q.i.d.

**Simpler Therapy**—Simplified dosage regimen, simplified dosage adjustment, and easier patient management . . . lessened patient supervision.

**Greater Efficacy**—Under the synergistic influence of Rauwiloid, the potent antihypertensive agents act with greater efficacy at lower, better tolerated dosages.

**Greater Safety**—Notable freedom from chronic toxicity—the agents in these combinations have not been reported to cause sensitization or chronic toxic manifestations.

**Better Patient Cooperation**—In each instance, only one medication to take . . . hence easier-to-follow dosage instructions.

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**TORTURED BABES**  
**THE AMMORID<sup>®</sup> WAY**

*To relieve* common skin irritations accompanied by itching, chafing, or burning, such as prickly heat, intertrigo, and diaper rash; promote rapid healing of excoriations and inhibit secondary infection; and provide an excellent after-bath dressing—

**AMMORID**  
*Dermatologic Ointment*

Contains benzethonium chloride and zinc oxide, in a nongreasy lanolin base. Agreeably scented, easily removed with soap and water or soapless detergents. Supplied in 2-oz. tubes.

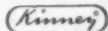
*To protect against diaper rash—*

**AMMORID**  
*Diaper Rinse*

A unique product because it combines a special water-softening agent with methylbenzethonium chloride, which inhibits the formation of ammonia by checking the *Bacillus ammoniagenes*, organism responsible for releasing ammonia from urine. Diapers treated "the AMMORID way" are soft and will not chafe baby's sensitive skin.

Supplied in bottles of 240 Gm. of dry powder (enough for 360 diapers).

*Samples and Literature on Request*



**KINNEY & COMPANY, INC.**  
Columbus, Indiana



to the city hall set me straight on zoning laws. Among other things, I made sure that I wouldn't be building closer to my boundary line than the town ordinances allowed and that there were no restrictions on the

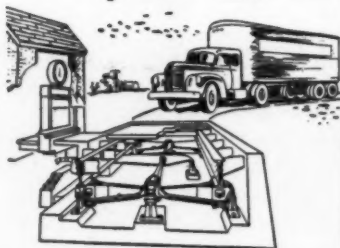
size and type of structure I planned to erect.

5. *Finances.* Before signing a contract to buy (and making a deposit), I got a definite promise of a loan—including a mortgage commitment

## Before You Buy, Ask Yourself These Questions

1. Judging by the condition of near-by houses, are there indications that the neighborhood may be on the downgrade?
2. Will your office blend with surrounding buildings?
3. Are transportation facilities for patients near at hand?
4. Is there enough parking space for patients?
5. Is fire protection adequate? (If not, fire insurance will cost more.)
6. Are schools, churches, and stores near-by (if you're planning a home-office)?
7. Are utilities in or easy to install?
8. Does the neighborhood need improvements for which you may be assessed?
9. Will bad drainage plague you after a heavy rain?
10. Will expensive grading be necessary?
11. Will your tax dollar be spent efficiently by local officials?
12. Will expanding municipal functions lead to a sharp increase in taxes some day?
13. Are there restrictions against doctors' offices?
14. Have you been promised a building loan by a reliable institution or individual?
15. Can you get a full-covenant-and-warranty deed?
16. Are you having a survey made, to avoid encroaching on a neighbor's land?
17. Has your architect approved the lot?
18. Have you consulted a lawyer before signing any papers?
19. Are you having a reliable company or lawyer make a title search?
20. Is your deed recorded?

# You'd Never Get It Into Your Office



but we think this truck scale helps to illustrate the broad scope of Fairbanks-Morse weighing equipment. Nearly 125 years of experience in the manufacture of scales of every size and type have given Fairbanks-Morse a reputation for dependability which is unique in its field.

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RAIL CARS - HOME WATER SERVICE EQUIPMENT - FARM IMPLEMENTS - MARINE

## BUYING A LOT

—from a local bank, to cover construction of the office. For the itself I paid cash.\*

Resale value of the property was another money matter I looked into. I knew my wife would want to see the office if I died before her. So I asked an experienced town banker about long-range prospects for the neighborhood. He thought the lot looked steady.

After that, I was ready to buy.

## Legal Steps

Now my lawyer stepped into the picture. He saw that the contract was properly worded on points (1) identification of both parties; (2) total purchase price; (3) date of closing; (4) type of deed; (5) The contract specified a full-covenant-and-warranty deed. In effect, it bound the seller to defend the title against almost any subsequent challenge to it.

Next, I had the lot surveyed and its title searched. I got a copy of the surveyor's certificate describing (the original was filed with county officials). Why the survey? Well, I need one before my building loan would be finally granted (most banks require it). Then, too, I wanted to save the possible legal embarrassment of encroaching on a neighbor's land.

[MORE—

\*Many banks and loan associations won't grant a building mortgage until the lot is paid for. In that case a buyer of good credit may be able to raise the cash through a personal loan. Sometimes the cost of the lot can be included in the building loan—provided building plans are complete. Unimproved property usually won't attract a mortgage of its own.

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**simple, effective**

**conception control**



when prescribing a diaphragm



*Ortho Kit*



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My lawyer conducted the title search.\* If it had turned up any liens or other objections to title not specified in the sales contract, I'd have been legally entitled to my deposit back. (In some states, I'd have collected for the cost of the search as well.)

Then came the closing. My law-

\*A title or abstract company can also do an expert job and will, in addition, insure the results of its search.

yer saw (1) that the deed was properly termed and executed; (2) that the seller reimbursed me for some back taxes that hadn't been paid; (3) that the title was transferred and the deed delivered.

The deed was recorded at the county court house. Then my attorney gave me the abstract of title—and I was ready to build that dream office.

END

## Why Twenty Patients Went to Quacks

[CONTINUED FROM 125]

They're really interested and they seem to want to help so much. And the people who take the treatments are really sold on it. This man I know who is going to a quack . . . every time he goes up there, he comes back all fired up to preach about it for the rest of his life.

"I know the treatments aren't responsible; but he does actually look and feel better every time he takes one. I know, too, that faith and hope can make you feel better. Sometimes I think that faith and hope are what *they* give you—and what the medical profession doesn't."

A businessman of 65 told somewhat the same story. When his daughter had learned that he was visiting a woman quack, she actually phoned him at the quack's office. He reported his reaction as follows:

"I know the medical profession is fighting Mrs. Blank. I was sitting at her desk when the call came through. My daughter demanded that I get right out of there that moment, that the doctor had told her that Mrs. Blank was just a quack. It made me plenty mad, for Mrs. Blank had given me more useful information than any doctor had; and I really told my daughter off."

### How They Operate

The foregoing excerpts are eloquent reminders of how the quacks operate. Their approach is a positive one: "I can cure cancer; all I ask is the opportunity to prove it!" This they shout through the press and by word-of-mouth.

To the miracle-seeker, the quack says: "Don't look for a mortician if your doctor says you have cancer. Buy a ticket to my town."

To the straw-grasper, he says: "You have to do your part mentally, physically, and spiritually. It's a three-fold process requiring the co-

operation of yourself, your doctors, and your Creator. With this team of workers, you can look forward to a happy life."

To the man grown impatient with orthodox medicine, the quack sounds particularly logical: "Tumors result from the loss of control by the innate intelligence of certain parts and functions of the body, just as crime often results from the loss of control by parents of the activities and characters of their children." This sort of explanation sounds better to the layman than the medical jargon too often given him by the physician.

To the practical man who asks, "How can one form of treatment be so beneficial for so many types

of ailments?" the quack's answer is simple: "These catalysts have no special affinity for any one form of disease. When injected into the body, they enable the body to produce its own defense mechanism and thus bring about a curative action."

Sometimes the practical man questions further: "But how does the same shot cure so many diseases?" The answer is still a ready one. The shot is likened to a starter button on an automobile; once the engine is started, it's not necessary to keep stepping on the starter. Thus, through simple logic, the quack sways many to his support.

Invariably, too, the quack gives unfailingly courteous and gracious

## *for Happier Appetite Suppression*

LESS FEELING OF DEPRIVATION... FREER FROM  
UNDESIRABLE SIDE ACTIONS

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A COMBINATION OF RAUWILOID® 1 mg. AND AMPHETAMINE SULPHATE 5 mg.  
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Intrinsic Factor, Lilly)

is now 50% more potent  
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Formula includes Vitamin B<sub>12</sub> with  
Intrinsic Factor Concentrate, U.S.P.  
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## WHY TWENTY PATIENTS WENT TO QUACKS

treatment. In this way, he ties the patient to him through the bonds of grateful appreciation.

This brief resume highlights the importance of the patient's emotional response to the physician and his treatment. The words of the patients in this sample group emphasize the fact that they were searching for reassurance, for hope, for recovery, for kindness, for consideration, and for *communication* with the doctor.

The physician, then, must give proper consideration to the panic psychology that drives a person to the quack. He must understand the impatience engendered through any reticence to discuss the disease. And perhaps to prevent some of his own patients from patronizing quacks, he must provide not only the best possible medical care, but sympathetic emotional support as well.

END



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Contains extra amounts of B<sub>12</sub>

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with intrinsic factor  
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## "CLUSINTRIN"

for effective, practical antianemia therapy

Indications: Treatment of pernicious anemia and other macrocytic hyperchromic anemias; microcytic hypochromic anemia.

Availability: No. 316 — Supplied in bottles of 100 and 1,000.

\*Spies, T. D.: J.A.M.A. 145:66 (Jan. 13) 1951.



Ayerst Laboratories, New York, N. Y. • Montreal, Canada

5450

# What to Say If They Balk at an Autopsy

*A hospital requiring a high necropsy rate, as many do, casts a heavy burden on staff doctors. Here's how they can ease the strain of asking the bereaved family's permission*

By Henry A. Davidson, M.D.

● No doctor relishes the task of getting autopsy permission from relatives of a patient who has just died. Yet often it's got to be done. And often the family doctor is the man who's called on to do it.

How can this task be made easiest for all concerned? Well, to begin with, the *place* in which permission is sought is of top importance. A doctor who interviews the family in the death chamber or in a hospital corridor isn't going to get many signatures. You're better advised to escort the key relative to a quiet room, seat him comfortably, and allow him to work off some of his grief before the subject is even broached.

Note that I said "key relative." The more people at the conference, the more chance that someone will raise an objection. A shocked "Oh, no!" from one person often shuts the lips of others who might have consented. So whenever possible, interview the closest relative, and interview him (or her) alone.

A good opening is a brief expression of sympathy, an assurance that everything possible was done to save the patient, and a sincere offer of assistance. This leads natur-

to forestall

resistance

Biosulfa

in everyday practice

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#### TRIPLE SULFONAMIDES

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#### Three strengths:

125M, 250M, 500M

#### Each tablet contains:

Penicillin G Potassium, Crystalline  
125,000 (or 250,000 or 500,000)  
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Sulfadiazine . . . . . 0.167 Gm.

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#### Supplied:

Scored tablets in bottles of 50.  
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in bottles of 500.

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## AUTOPSY ARGUMENTS

ally to a statement along these lines:

"We can't understand why he failed so fast. If you wish, we'll do an examination now to see what the trouble really was—to see whether perhaps there was any hereditary condition."

### Sometimes They Ask

This may lead to an actual request for the post-mortem examination. Or it may provoke the query, "What do you mean, hereditary condition?" You can then explain that sometimes the examination shows a disorder that might "run in the family," a disorder that could be corrected if the family doctor knew about it.

If the relative shows no sign of asking for an autopsy, you can become more direct. But you'll do well to avoid the word, "autopsy." It's best to refer to the procedure as "performing an operation" or "examining the body." (If the relative consents to an "examination" of the body, it must of course be made clear that an operation is what's contemplated.)

### Answers to Arguments

If permission is refused, you'll want to find out the reason. In the vast majority of cases, one of the following objections will be advanced. Here's an indication of how each of them can be turned aside:

¶ "I don't want him cut up any more." It's no more cutting than any other operation. After all, the em-

## AUTOPSY ARGUMENTS

balmer will have to cut; and so much more good can come of it if the surgeon is permitted to inspect the body, too.

¶ *"He wouldn't want it done."* By this examination, we learn more about the disease from which he died. We may even find something that will help other people to go on living. Wasn't he the kind of person who would want to help others?

¶ *"What good will it do?"* It will put your mind at rest about what he really had. It will advance medical knowledge. It may also determine whether there is any hereditary factor your family ought to guard against.

### Religious Objection

¶ *"It's against our religion."* No, you're mistaken. No modern religious faith forbids a procedure like this that helps humanity. (Letters can be obtained from ministers, priests, and rabbis, if the appropriate hospital official makes it his business to explain the situation to the community's religious leaders. These letters then may be shown to any relative who advances a religious objection.)

¶ *"I don't want the body desecrated."* To take the tragedy of death and convert it into something useful to all humanity isn't desecration. It's consecration.

¶ *"I don't want the body disfigured."* What disfigures the body is the decomposition of substances such as blood, which the operation

to combat

resistance

Erythrosulfa

in refractory or  
relapsing cases

#### ERYTHROMYCIN

the antibiotic of choice  
against resistant  
Gram-positive cocci . . .

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to cover Gram-negative bacteria  
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#### Each tablet contains:

Erythromycin . . . . .	100 mg.
Sulfadiazine . . . . .	0.083 Gm.
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## AUTOPSY ARGUMENTS

removes. It then becomes easier for the undertaker to restore the body's appearance. Once the body is clothed, the autopsy incision isn't visible. So there's no real disfigurement.

¶ "It won't bring him back." No; but it may keep other human beings from following him.

### Insurance Angle

Two final points sometimes help your case. One concerns the relation between the autopsy and life insurance. It can be pointed out that a post-mortem examination will make the death certificate 100 per cent accurate, thus simplifying "insurance matters" (your euphemism for "collecting the proceeds"). The other point is a promise to send a full report, which the pathologist can prepare in nontechnical language.

END



"I get tired kinda quick. Don't have much get-up-an'-go. Whaddya think it could be?"



### **A.C.M.J. ElectroSurgical Unit C-264**

Incorporates the most recent advances in electronic engineering; automatic line voltage regulator to stabilize 115 volt line current... full wave oscillator rectification... extra power output for efficient cutting or coagulation without destruction of tissue or damage to instruments... three-pedal footswitch and optional dial controls for individual precision at each setting.

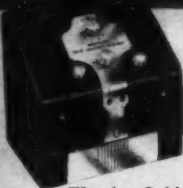


### **Wappler Surgical Unit C-263 RC**

Special electronic circuits for delicate telescopic instruments... abundant power... elective dial settings... cutting and coagulation on completely independent circuits... economical and adaptable.

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### **Wappler Cold Caustery Scalpel C-450**

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Surgeons have long esteemed A.C.M.J. electroSurgical equipment as the finest consummation of engineering design and clinical serviceability available, for use in all branches of general surgery. Their exquisite craftsmanship provides the perfect instrumental medium for peerless surgical technique. A variety of models is provided, to serve the individual physician's requirements.

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Units C-263 RC and C-450 are available in 3 models for 110-120 or 220-240 volt, 30-60 cycle A.C., and for 110 volt, 25 cycle A.C.; Unit C-350 for 110-120 and 220-240 volt, 30-60 cycle A.C.; Unit C-264 is designed to operate at 110-120 volt, 30-60 cycle A.C. The autotransformer voltage regulator permits satisfactory operation between 90 and 135 volts.

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# The Art of Answering a Subpoena

*Even if you can't avoid the process server, you can still avoid the customary annoyances of an enforced trip to the courthouse*

By Gordon I. Davidson, LL.B.

● The man with his arm in a sling sits quietly in a corner of your waiting room. After disposing of two earlier patients, your nurse invites him into the inner sanctum. You approach sympathetically to get a closer look at the arm.

Suddenly the hand slips out of the sling, clutching a half-dollar and a piece of paper. The coin and the document are thrust hurriedly into your hand; the pseudo-patient wheels around and stalks out.

The document? It's a subpoena calling on you "to lay aside all business and excuses and be and appear before His Honor, the Judge of the Court of Semi-sessions, at 2 o'clock on the afternoon of Dec. 3."

No matter how busy you're going to be at that time, you'll have to abandon your patients (unless, of course, you can convince the lawyer or judge to excuse you; or unless the subpoena has been improperly served on you). As a law-abiding citizen, you'll probably want to obey the summons without fuss. So you'll tell your nurse to hold the fort as best she can, and you'll arrive at the courtroom promptly at 2 o'clock.

The judge won't have returned from lunch yet. He'll come in at 2:25 and spend the remainder of the afternoon

# Why is it, Doctor, so much

The answer is simply this: Among today's nine brands of filter cigarettes, KENT, and KENT alone, has the *Micronite Filter* . . . made of a pure, dust-free material that is so safe, so effective it has been selected to help filter the air in hospital operating rooms.

In continuing and repeated impartial scientific tests, KENT's Micronite Filter consistently proves that it takes out *more* nicotine and tars than *any* other filter cigarette, old or new.

And yet, with all its superior protection, KENT's Micronite Filter lets smokers enjoy the full, satisfying flavor of fine, mellow tobaccos.

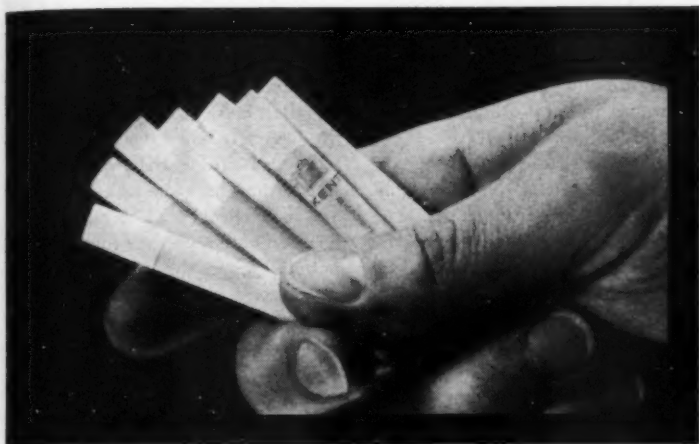
For these reasons, Doctor, shouldn't KENT be the choice of those who want the minimum of nicotine and tars in their cigarette smoke?



... the only cigarette with the  
MICRONITE FILTER

or,  
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that one filter cigarette gives  
more protection than any other?



**Kent**

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in hearing other witnesses. You'll boil over silently and wonder what would happen if operating-room schedules limped along the way court dockets do.

At 4 o'clock, the court will adjourn with a warning that all unheard witnesses in *Zilch v. Consolidated Gadget* must be back promptly at 10 A.M. tomorrow. You'll have lost the afternoon's office hours; and you'll probably lose your operating-room and hospital-rounds time the next day—all to no avail.

How can this sort of time-stealing farce be mitigated? Not, certainly, by working yourself into a peptic ulcer fuming about it. There's a far wiser procedure to follow:

### The Amicable Approach

First, when a court case looms, seek an amicable arrangement with the attorney on timing your appearance and setting your fee. If this isn't practicable, call the clerk of the court and explain your professional calendar. Nine times out of ten, even if the subpoena says "2 o'clock," you'll be allowed to wait for telephone notification that the witness ahead of you has just taken the stand.

Finally, if the lawyer is hostile and the court clerk helpless, check the summons for a legal loophole.

### Looking for Loopholes

A subpoena is without legal effect unless the process server complies with four requirements: (a) He must exhibit the original of the subpoena

and leave a copy with the witness; (b) the statutory subpoena fee must be offered; (c) mileage fees must generally be tendered; and (d) the paper must be served personally on the witness or on someone lawfully authorized to accept it for him.

Probably the commonest omission is the first half of requirement (a). Many a process server slips the document and fee into your hand, then runs off. This service is technically illegal in most jurisdictions, because you weren't shown the original.

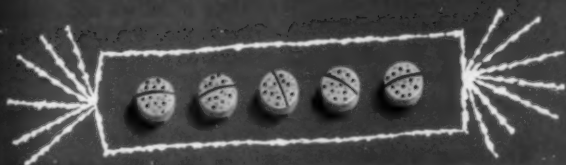
In this situation, however, don't decide to ignore the summons until you have checked with your own attorney. Sometimes the process server actually leaves the original subpoena. Occasionally an unscrupulous server swears he *did* exhibit the original, so it becomes his word against yours.

### Mileage Fees

The statutory fee varies in different states. It's always a nominal amount: fifty cents or a dollar. Process servers rarely fail to tender this sum; but they often *do* forget to offer the mileage fee, which may be anything from four to ten cents a mile. Occasionally, when the court meets in your home county, no mileage is allowed. But if you're entitled to a mileage fee and none is offered, the subpoena is invalid.

As for requirement (d): In some states the process is binding when left with your nurse or with a member of your household. In other

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pediatric  
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**MEDILETS**

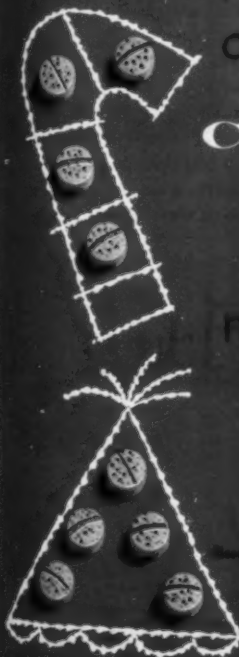
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- multicolored, eye-appealing tablets
- delightful cherry flavor and aroma

MEDILETS may be swallowed, chewed,  
dissolved on tongue or in liquid  
and followed by a small amount of water.

Each Container of Pediatric Medilets® contains:  
Chlorpheniramine Maleate 8.75 mg. (1/4 gr.),  
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*Schering*



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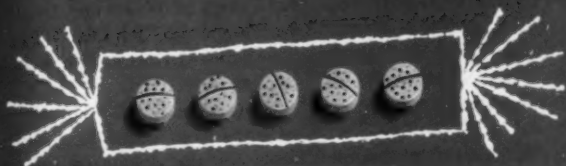
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relieve children's  
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**MEDILETS**

make treatment  
a "treat"

- multicolored, eye-appealing tablets
- delightful cherry flavor and aroma

MEDILETS may be swallowed, chewed,  
dissolved on tongue or in liquid  
and followed by a small amount of water.

Each CORICIDIN® Pediatric Medilet® contains:  
Coryliol-Tetracycline® Mixture 6.75 mg. (16 gr.),  
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states, only direct personal service is valid. Your attorney will know the ground rules on this. In most places, notice by mail or phone is legally worthless, though here and there (particularly in the Southwest) this kind of service meets the statutory requirement.

Generally, it's almost impossible to avoid personal service by any device short of a South American vacation. Process servers have a big bag of tricks. They're more skilled at getting past receptionists than a Fuller Brush man. They can metamorphose themselves into patients, detail men, meter-readers, window-cleaners, insurance adjusters, exterminators, or delivery boys.

One highly successful process ser-

ver used to send in a chaste visiting card engraved only with the crest of the Prince of Wales and its accompanying motto, "Ich Dien" (I serve). The flattered doctor would see him immediately.

A server may tell your receptionist he is from Judge X and that he must see the doctor on something "very personal." Thinking that the mysterious mission concerns an affair of state, like a boil on the judicial bottom, or a case of magistrate's migraine, your receptionist proudly ushers the visitor in.

Most doctors in private practice can't outwit these gentry—since, after all, a physician's waiting room is practically a public hall. So it hardly seems worth trying. [MORE→]

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Each tablet contains: Ergotamine Tartrate 0.5 mg.,  
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AUTHOR	CASES TREATED	IMPROVED	PERSONS
HILBINGER, R. LARYNGOSCOPE 61:796, 1961.	25	20	80
WITTICH, P. M.M. ALLERGY 10:820, 1962.	35	32	92
VON WITTELEBEN, R. J. MISSOURI M.A. 43:469, 1962.	28	26	92
BANKOFF, K., AND GERSHMAN, R. CLIN. MED. 60:364, 1963.	26	24	92

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than addicting narcotics...

## YET FULLY EQUAL

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## IN RELIEVING SEVERE OR STUBBORN PAIN

Extensive clinical experience demonstrates the unusually high analgesic potency of Phenaphen with Codeine—frequently even for the intense pain of cancer... as well as its virtually complete freedom from disturbing side effects. Not a single instance of addiction has ever been reported.

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**PHENAPHEN**—the basic non-narcotic formula—brown and white capsules.

**PHENAPHEN with CODEINE PHOSPHATE** 1/4 gr.—Phenaphen No. 2, black and yellow capsules.

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## PHENAPHEN<sup>®</sup> with CODEINE

*Maximum Safe Analgesia*

*Each capsule contains:*

Acetylsalicylic acid 162 mg. (2 1/2 gr.), phenacetin 194 mg. (3 gr.), phenobarbital 16.2 mg. (1/4 gr.), codeine phosphate 16.2 mg. (1/4 gr.) or 32.4 mg. (1/2 gr.) and hyoscyamine sulfate 0.031 mg.

*Robins*

If an attorney desires your *opinion* on the witness stand, he doesn't usually subpoena you. This is because a witness can be compelled to testify only as to facts, not as to conclusions.

Ordinarily, of course, the lawyer wants a doctor to tell the jury such things as the causal relationship between an injury and a symptom, the chance of permanent disability, the extent of an impairment, or the existence of such conditions as alcoholism or insanity. But the *subpoenaed* witness can refuse to give such opinions; so his usefulness to an attorney is limited.

That's why lawyers prefer to have physicians come to the stand willingly. A hostile medical witness can sometimes do more to harm a case than to help it.

### Just the Facts

Of course, the point at issue may be some simple fact such as the length of a laceration, the frequency of office visits, the size of the doctor's bill, or the existence of bleeding from a wound. In that case, no specialized opinion evidence is needed and the issue can be settled by a subpoenaed witness.

It's also true that if a subpoena is the only way of getting the physician into court, the lawyer may fall back on it. He may even ask questions calling for opinions, conclusions, and interpretations.

And he'll get away with it if the doctor doesn't protest. Unless a special point is made of it, the judge

and jury never know whether the doctor came to court willingly or via the subpoena route.

An experienced doctor never antagonizes a lawyer who asks him to be a voluntary witness. For if the attorney really wants to get tough, he can play the game with loaded dice. He can, through the subpoena, compel you to be in court at 10 A.M. when the case is called; he can make you sit through the long process of selecting a jury; he can hold you until the luncheon recess; he can have the court instruct you to return promptly after lunch; he can keep you waiting all afternoon while he disposes of other witnesses; and then he can have you ordered to return the next day.

No attorney in his right mind will do this to a medical witness unless the latter has been uncompromisingly antagonistic. But if this situation does develop, the doctor's best bet is to ask for a conference with the judge and put all the facts before him.

Knowing the value of an M.D.'s time, the judge will usually arrange to call the doctor as a witness out of turn or let him go about his business until his testimony is actually needed. But there isn't much more that he can—or *will*—do.

The law allows a subpoena date to be postponed for an impelling reason acceptable to the judge. Taking care of a desperately sick patient would probably impress any judge as an impelling reason. But he won't



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Our album of psoriasis tells the whole story of RIASOL. No sales talk is needed.

Before treatment with RIASOL, the album shows clinical photographs with wide spread psoriatic skin patches.

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The results speak for themselves. Clinical statistics record clearing of the skin patches or definite improvement in 76% of all cases of psoriasis so treated with RIASOL.

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Apply daily after a mild soap bath and thorough drying. A thin invisible, economical film suffices. No bandages required. After one week, adjust to patient's progress.

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Please send me professional literature and generous clinical package of RIASOL.

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Dept. ME-11-54

**RIASOL FOR PSORIASIS**

## THE ART OF ANSWERING A SUBPOENA

ordinarily waive a subpoena because of office hours, clinic appointments, or hospital rounds.

The *poena* in *subpoena* means "penalty," of course. The person subpoenaed is ordered to appear under penalty for contempt of court, plus reimbursement for damages if he doesn't comply.

Suppose, for instance, a life insurance company refuses to pay double indemnity in an accidental death because it suspects suicide. A doctor knows facts that would establish the suicide. But he willfully ignores the subpoena and the case proceeds without him.

The company fails to prove the suicide, and must pay the plaintiff \$20,000 instead of \$10,000. Thus it has lost \$10,000 because the doctor failed to testify. It can sue the physician—and collect.

The civil damage (in this case, \$10,000) is over and above the fine-or-imprisonment penalty the judge can impose for contempt of court.

A subpoenaed doctor can still negotiate with the attorney for a reasonable fee in addition to the statutory compensation. Litigants ordinarily don't expect to buy several hours of a doctor's time for fifty cents.

Still, a reasonable attitude on the part of the doctor is in order. If he says, "I won't participate except for \$500 in advance," he's likely to get only the statutory fee for his appearance—or a contempt citation for non-appearance.

Apart from the occasional cur-

mudgeon, doctors as a whole have little difficulty with this aspect of medicolegal work. The average M.D. goes through a lifetime of practice without ever being harassed by constables, threatened with bench warrants, or cited for contempt. This is because the lawyer needs both the physician's formal testimony and his goodwill.

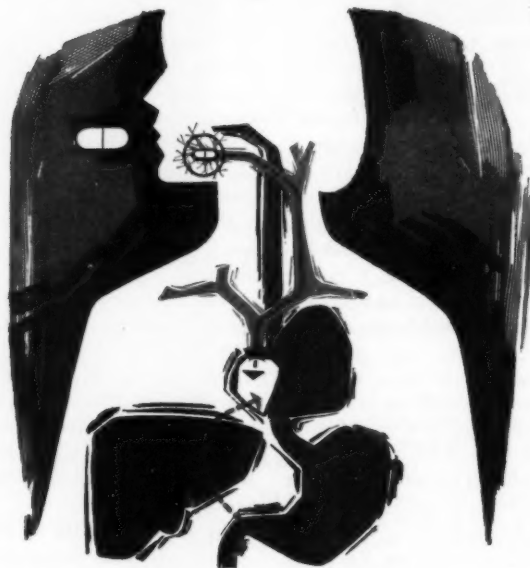
Finding a subpoena thrust into his hand, the sensible doctor calls the attorney, explains the limited scope of his testimony, and outlines his professional time-table for the period of the trial. The attorney will usually agree to respect the doctor's schedule. In addition, he'll generally offer a reasonable fee for time spent in court, and he'll agree not to call the physician until just before he's needed.

In this fashion, the whole experience can become an interesting and not too unpleasant break in the week's routine.

END



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With Metandren Linguets the transmucosal absorption of methyltestosterone permits direct passage into the bloodstream — by-passing the inactivating action of the liver and destruction by the gastric contents. *The response to Metandren Linguets approximates that of injected androgen.*

Metandren Linguets for buccal or sublingual administration provide methyltestosterone about twice as potent per milligram as unesterified testosterone.<sup>1</sup>

Metandren Linguets also provide — economy for the patient • convenience for doctor and patient • freedom from fear of injection • easily adjusted, uniform dosages.

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## **METANDREN<sup>®</sup> LINGUETS<sup>®</sup>**

1. ESCAMILLA, R. F., AND GORDON, G. S.: J. CLIN. ENDOCRINOL. 10:248 (FEB.) 1950.  
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# Have to Read a Paper?

## Here's How

*Eleven practical suggestions that will help you keep your listeners awake and interested*

By Allen Ely

● "Speeches are like babies," some sage once remarked. "They're easy to conceive, but hard to deliver."

It's especially hard to make an effective speech when you're handcuffed to a manuscript. Yet "reading a paper" is the tradition at American medical meetings.

How can you make the best of this assignment? Remember, for one thing, that a typed manuscript is a collection of sheets of very dead cellulose; and your job, when you're standing before an audience, is to bring the stuff to life. Here are some tips on how to perform this minor miracle:

1. *Make sure your manuscript is prepared for easy readability.* It's a good idea, for example, to have your secretary triple-space each page. Some speakers also like to have subject headings in capital letters before each main division of the paper. Such headings signal you to slow up, to pause, to change your tone of voice.

Are there paragraphs or phrases that you particularly want to emphasize? Be sure to underline them with a colored pencil.

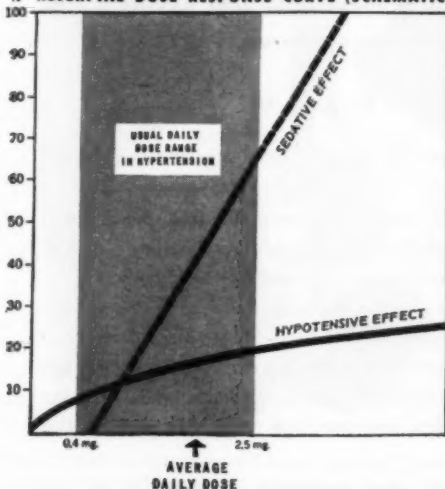
2. *Find out in advance whether you'll have a raised reading stand to rest your paper on.* If not, you'll have to hold the manuscript in your hand while reading it; and,

Recommended for **SEDATION**

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With Rau-sed, the sedative effect is predominant. Adequate hypotensive doses may produce excessive sedation.

The dose of reserpine commonly used to obtain satisfactory clinical results in hypertension is two to four times the reserpine content of whole root rauwolfia (Raudixin) commonly used for the same purpose.<sup>1, 2</sup>

Among the many alkaloids in rauwolfia, reserpine and a reserpine-like alkaloid<sup>3</sup> are chiefly, if not entirely, responsible for its sedative activity.

The much discussed 1 to 1,000 ratio may hold for side effects and especially for sedation, but this ratio does not hold for hypotensive activity.

The dose response curve of the hypotensive activity of reserpine is flat. Doubling or trebling the dose results in only slightly greater fall of blood pressure, often amounting to only 4 to 6 mm. of mercury.<sup>4</sup> The dose response curve of the sedative activity of reserpine is steep, and any increase in dose results in an almost proportional increase in sedation.

Adequate hypotensive dosage of reserpine may therefore cause excessive sedation, and several cases of severe depression characterized by suicidal tendencies have been reported.<sup>5</sup>

**SQUIBB**

The dose  
(Raudixin)  
Other  
pressure  
Provide  
undue  
sedative

1. Liver  
2. Rub  
3. C  
4. Squ  
5. Fre

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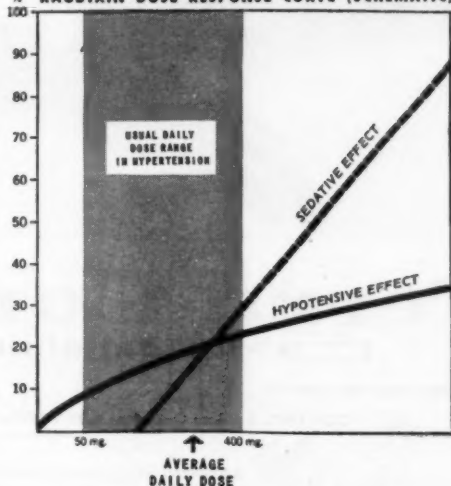


Recommended in **HYPERTENSION**

# RAUDIXIN

SQUIBB RAUWOLFIA

% **RAUDIXIN DOSE RESPONSE CURVE (SCHEMATIC)**



The average daily dose of Raudixin produces hypotension without excessive sedation.

The dose response curve of the hypotensive activity of whole root rauwolfia (Raudixin) is also flat, but the dosage used supplies relatively little reserpine. Other alkaloids which have no sedative properties contribute to the blood pressure lowering effect of Raudixin.

Provided dosage is properly adjusted, Raudixin lowers blood pressure without undue sedation, Rau-sed tranquilizes the patient because of its predominantly sedative effect.

1. Livesay, W. R., J. H. Moyer and S. I. Miller, J.A.M.A. 155:1027, 1954.
2. Rubin, S., and J. C. Burke, Federation Proc. 13:400, 1954.
3. Cronheim, G., et al., Proc. Soc. Exper. Biol. & Med. 86:120, 1954.
4. Squibb Institute for Medical Research.
5. Freis, E. D., to be published; and personal communications.

**RAUDIXIN** 50 and 100 mg. tablets. Bottles of 100 and 1000.

**RAU-SED** 0.1 and 0.25 mg. tablets. Bottles of 100 and 1000. 0.5 mg. tablets. Bottles of 50 and 500.

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 **topical ointment**

new, easy-to-write name for

**CORTRIL Topical Ointment with TERRAMYCIN<sup>®</sup> Hydrochloride**

combined anti-infective, anti-inflammatory action for rapid, rational local therapy in a wide range of dermatoses.

TERRAMYCIN provides **proved, established** broad-spectrum action against threatened or coexisting infection.

**also available:**

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for intra-articular injection

CORTRIL provides **rapid** relief of discomfort due to inflammation or itching.

**supplied:** in ½-oz. tubes; 1% CORTRIL (hydrocortisone) and 3% TERRAMYCIN (oxytetracycline hydrochloride) in an easily applied ointment base.



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\*brand of oxytetracycline and hydrocortisone

in this case, it's best not to have the speech typed on the customary 8" x 11" paper. You'll find it much less awkward to read from 5" x 8" cards. They're easy to hold. And you can slide each to the back of the pack as you finish it.

## Apologies Are Out

3. *Start with a strong opening paragraph.* Don't make the common mistake of beginning with an apology. A speech that needs an apologetic introduction generally isn't worth delivering.

A crisp, dramatic anecdote—not necessarily a funny story—is nearly always a good way to lead off. Since you want to capture the audience's attention, you'll do well to postpone definitions and historical reviews till later.

4. *Talk so you can be heard throughout the room.* An audience is rarely shocked because the speaker's voice is too loud. It's the dull monotone that too often puts people to sleep.

How can you gauge the proper volume? Simply watch the men in



© MEDICAL ECONOMICS

"Pardon me, sir: Would you like to help our city health program?"

the back rows. If they show signs of not hearing you—if they strain forward, or seem inattentive—try raising your voice. Or, if you're using a public address system, simply move closer to the microphone.

### What's a Good Speed?

5. *Don't talk so fast that people can't follow you.* About 100 to 120 words a minute is a good speed for a speech. Rehearse the tempo by timing yourself as you read aloud a 300-word section of the talk. You may feel that you're creeping along at far too leisurely a pace; but don't let this worry you. The average listener needs time to absorb your ideas.

When you actually give the speech,

you'll want to adjust the pace according to audience reaction. If people begin to look a little blank, slow down. If they get restless, speed up.

6. *Speak every syllable precisely.* Pronounce a word like *sul-fa-nil-amide* with adequate intonation of every one of its five distinct vowels. Practice to avoid the kind of slur that makes "realize" sound like "reelize."

### No Oratory, Please

7. *Give a talk, not an oration.* Remember how you talk in the staff room when you're explaining something? That's what you're aiming for now—a pleasant, easy manner that helps communicate your enthusiasm for the subject.

IN ANXIETY AND TENSION

**Sedation  
without  
hypnoels**

IN HYPERTENSION

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tranquillizer and  
antihypertensive**

AL/10018

Even if your talk is to be printed, you don't have to read it word for word. So if a timely tie-in strikes you, don't hesitate to take a fifteen-second detour. Audiences generally like impromptu remarks that add color and spirit to the speech.

And don't worry about making a grammatical error if you sometimes deviate from the script. Better a lively talk that dangles participles than a rhetorically perfect monotone.

### No Script Slaves

8. *Don't bury your head in your manuscript.* After your eye catches the first few words of a sentence—or even of a paragraph—you should be able to finish the thought without reading it verbatim.

When you're partially released from the script, you'll find that you develop a natural phrasing. You'll also be free to make an occasional gesture. Anything that makes you appear relaxed and at ease is, of course, highly desirable.

9. *Do things with your hands.* Grasp the lectern. Point to a chart. Don't be afraid to gesture. Such variations in hand position will help you to feel at ease.

Just don't carry it too far. You don't want attention to be drawn from your talk to your hands.

### Eye Contact

10. *Look at people in your audience as much as possible.* Good "eye contact" is easy, provided you're rea-

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MEDICAL ECONOMICS · NOVEMBER 1954

## HOW TO READ A PAPER

sonably familiar with the contents of your speech. You can raise your eyes from the manuscript after the opening phrase of every sentence, and you can then finish the sentence while looking at the audience. Practice will help you to make this shift of gaze smoothly, without any bobbing effect.

When you do look up, be sure not to waste your gaze on empty space. Look at *someone*; and next time you raise your eyes, look at someone else. Address yourself to a man on the right, for example; then to one on the left; then to one in the rear; then to one up front.

### Hints for Variety

11. *Break the steady flow of the speech in every way you can.* To hold your listeners, you have to keep surprising them, even if only very mildly.

Here are some good ways to get variety into a talk:

¶ Shift the speed every so often.

¶ Let your voice drop at times, and then raise it emphatically.

¶ Vary sentence structure. Follow a *statement* of fact with a *question*, for instance. After several fairly long, complex sentences, follow up with a short, punchy one.

¶ Use carefully planned pauses—either to point up the end of one idea-unit, or to emphasize the remark just made.

¶ Use big and easily read charts wherever possible to capture visual interest.

END

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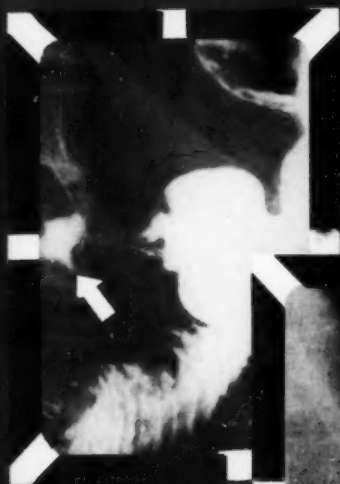
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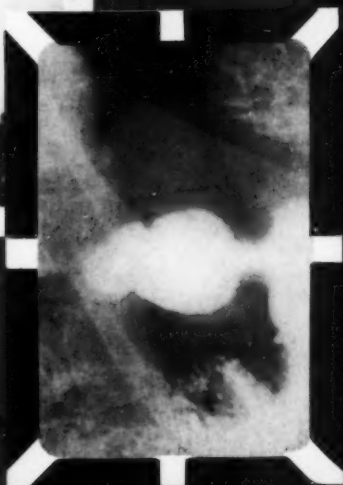
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and physical  
rejuvenation”<sup>\*\*</sup>  
with combined

estrogen-  
androgen

<sup>\*</sup>Masters, W. H.,  
and Grody, M. H.  
Obst. & Gynec.  
2:139, 1953.

*menopause  
geriatrics  
osteoporosis*

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two strengths—0.02 mg. and 0.04 mg.  
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# Jottings From A Doctor's Notebook

By Martin O. Gannett, M.D.

● No man is more stubborn than Dr. Alec Berne, whose motto is: "Never give up the diagnosis."

Yet even he conceded defeat when Sam Lederer, diagnosed by Alec nine years ago as having an inoperable carcinoma of the stomach, showed up the other day, requesting treatment for his obesity.

. . .

"My sister-in-law, she's a nurse, see? Anythin' bothers me, I go to her, see? She don't like nobody in our family should go to a doctor without we visit her first. So two years ago, I see my neck is gettin' bigger and I ask her is that somethin' to worry about? She says no, your shirts are shrinkin' tighter, that's all. So then my belly starts pushin' out and I ask her is that somethin' to worry about? She says, didn' I tell you you was gettin' fat? Let your belt out. All the time I'm gettin' fat, I'm losin' weight, see? So I figure maybe she don't know everythin'."

She does not. The cervical adenopathy, the enlarged liver and spleen are all part of his Hodgkin's disease. The treatment includes certain refinements in method beyond a change in collar size.

. . .

To the archives of psychosomatic medicine must be added the escapades of Hank Randall, wealthy broker and pillar of local society, who several times in the past six months was caught stealing.

The grocer who stopped Mr. Randall with a sack full of canned goods was mollified easily enough. But the

## JOTTINGS FROM A DOCTOR'S NOTEBOOK

woman whose purse he snatched in the subway called a cop.

Three weeks ago he stepped into a stranger's parked car, drove it through a plate-glass window, and was brought to the emergency ward with multiple lacerations.

The kleptomania turned out to be a recurring fugue due to hypoglycemia. Removal of a cherry-sized pancreatic adenoma has restored Mr. Randall to his impeccably moral self.

He who runs may thus ponder still another achievement of present-day science: the surgical excision of crime.

At the instruction session for civilian defense units, Dr. Allister ex-

plains the use of the symbols *Tk* for tourniquet, *T* for tetanus antitoxin, and others. For the benefit of orderlies and nurses assembled, he elaborates on the uses and abuses of the tourniquet:

"One point in particular I want to caution you all about. For bleeding about the head it is inadvisable to apply the tourniquet around the neck."

\* \* \*

Mike Shawn was one to prize book learning, none more than he. You see, the way doctors had it now, it wasn't the liquor that hurt a man, but the lack of vitamins. So Mike took to swallowing pills by the score, and kept on merrily with his drinking. Indeed, on his occasional visits



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Protein.....	14.6 gm.	17.9 gm.	
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Calcium.....	.31 gm.	.59 gm.	
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\*Nutritive value of Eggnog from Bowes and Church, 7th Ed. 1931.

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*A* **necdotes**

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**Medical Economics, Inc.  
Rutherford, N.J.**

**JOTTINGS**

he looked none the worse for it, and seemed well on his way to proving his theory, when the experiment—in the way experiments have—was spoiled through inadequacy of control. Mike, full of gin and accessory food substances, walked out of a saloon one night, miscalculated his relation in time and space to a passing bus, and died of an accident.

. . .

Atop Laurel Hill, perhaps the most beautiful spot in the state, stands the newly completed Home for the Blind. Its windows look out on the peace and grandeur of mountain and river, on golden wheat fields flirting with the wind. The inmates are the city poor, dwellers all their lives in the dark stench of slum tenements, who become eligible for the Home only when they have lost their sight.

. . .

During the taking of the official staff picture, I was photographed with the rather large number of my colleagues whose cerebral convolutions have crowded out hair-growth. They gave the group an imposing air of prosperity and solid worth. The effect was much like that shining phenomenon of earlier days: the front row at the Follies.

. . .

The training of internes in the Columbia City Hospital has yet to include the niceties of diplomacy. At the meeting on anesthesia, Dr. Reese gave himself up to an impassioned eulogy of modern methods:

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new 3 year study<sup>1</sup> shows  
"beneficial effect" of

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the pioneer external cod liver oil therapy

in extensive dermatitis, diaper  
rash, severe intertrigo,  
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normal skin in 96¾% of infants  
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edema, excoriation, blistering,  
maceration, fissuring, etc. of con-  
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ing, relatively antibacterial" . . . . .  
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non-irritant, non-sensitizing  
blend of high grade, crude  
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its high potency vitamins A and  
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and unsaturated fatty acids in  
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efficacy), zinc oxide, talcum,  
petrolatum, and lanolin. Does  
not liquefy at body temperature  
and is not decomposed or  
washed away by secretions,  
exudate, urine or excrements.  
Dressings easily applied and  
painlessly removed. Tubes of  
1 oz., 2 oz., 4 oz.; 1 lb. jars.

1. Grayzel, H. G., Helmer, C. B., and Grayzel, R. W.: *New York St. J. M.* 53:2233, 1953.
2. Helmer, C. B., Grayzel, H. G., and Kramer, B.: *Archives of Pediatrics* 68:382, 1951.
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4. Tarell, R.: *New York St. J. M.* 50:2287, 1950.



Medicine man's rattle from Chicago Natural History Museum

# P D R

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PHYSICIANS' DESK REFERENCE

*one of the best friends  
a memory ever had*

## *Dr. Tsimshian's Magic Rattle*

Patient had pain . . . medicine man had rattle . . .  
medicine man shook rattle . . .  
patient shook pain. That, in essence,  
was medicine as practiced by the  
Tsimshian Indians of British Columbia.

Today, a patient's pain can be a  
doctor's "headache" due to the vast  
variety of therapeutic agents  
now available. To cure this medical  
memory problem, most doctors prescribe:  
"P.D.R., p.r.n."—for regular help in  
remembering names and uses of  
pharmaceutical specialties and biologicals.

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erated on this very morning, who would be dead now were it not for intratracheal intubation . . ."

From the back of the room came the husky, excited voice of Interne Treska:

"But, Dr. Reese, that woman *did* die!"

• • •

History from Mr. Don Petrie:

"... and my doctor he sent me to this heart specialist for an electric heart cramp. So he used the machine, see, and then my doctor gets his report. The report says, 'This man ain't got no terrible trouble with his heart. Just a bunch of arteries misplaced, and two or three muscles bunched together, and a lot of gas choking the heart. He needs salts every morning regular, and green pills and red pills every day. That's all his picture showed.'

"So I done all that, and I still got the pain."

• • •

On Thomas Godley's admission note "Horticulture" was the occupation given. It seemed probable that his dermatitis was of occupational origin. "What exactly do you do as a horticulturist?"

"Hmph!" he snorted. "Horticulturist! Why the fancy words? All there's to it is you plant the seeds and watch 'em grow up. But you gotta know how."

During visiting hours, Mrs. Godley and eight offspring of assorted age, size, and sex line up at the breadwinner's bedside. There's no

question Mr. Godley knew how. And he loved his work, besides.

• • •

To Fred Newlon, the windfall of a \$5,000 inheritance was a doubtful blessing. Ever since his cure three years ago, he had kept away from morphine. He had even attained the unaccustomed dignity of making his own living.

But the day he received his uncle's insurance check, Fred decided to taste again—just once more—the forbidden fruit. Now he is taking the cure all over.

Fortunately, this time, the prognosis is considerably brighter, there being no other uncles whose earthly goods are worthy of a will.

• • •

After considerable prodding, colleague Benfield finally went to proctologist Barat to have his hemorrhoids attended to. In the course of the rectal examination, probing thoughtfully all the time, Barat kept up a running commentary:

"Hmm—ah . . . yes, yes. Foolish man. For many years now you've insisted on eating oranges and sneaking pieces of bacon, knowing all the time that these things harm you. Why do you do it?"

"Sa-ay! You can tell *that* with one finger? What on earth is your method, Barat?"

No method. Benfield's wife had just called and said her spouse was on his way, and to be sure to warn him about his pet food idiosyncrasies.

END



# News

Defends clinic pharmacies • Why some

M.D.s become drug addicts • Warns young practitioners against panel plans • An aide talks back • Says doctors make poor hospital trustees • Lay article lauds grievance boards

## Layman Warns Medicine: 'Clean House or Else'

Once again, doctors have been told that they're an unpopular lot and that they'd better mend their ways fast. This time, the now familiar admonition comes from writer Merle Miller, who, in *Pageant* magazine, tries to explain "why doctors have slipped so badly in public esteem."

The reason, as he sees it: Organized medicine refuses to "clean house," even though the average M.D. would like it to. For instance:

"Privately, the majority of doctors condemn such increasingly widespread activities as fee-splitting, unnecessary surgery, ghost surgery, chiseling on private health plans, and tie-ups with private drug firms.

"Privately, the average doctor is worried over the fact that at a time when there is an urgent need for a wide extension of medical care, the official spokesmen for the profession, officers of the American Medical Association, have not only opposed every proposal for governmental

health insurance but are increasingly fighting private health insurance plans as well.

"Privately, most practitioners deplore the fact that while the shortage of doctors in the U.S. is frighteningly acute, organized medicine has propagandized against any plan to extend training facilities.

"Publicly, however, there is largely silence within the profession . . . [and] the position of the doctor grows steadily worse."

It will continue to grow worse, Miller warns, unless doctors collectively make their public actions conform with their private convictions.

## Young Blood Runs Cold?

If you're concerned about the future of private practice, you'll find scant comfort in the results of a recent survey of young men conducted by the Youth Research Institute. Its finding: Only one in four wants to be his own boss. The rest said they'd prefer the security of a salaried job.

This corresponds closely with the

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**for inflammation,**  
**neomycin**  
**for infection:**

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*ointment (topical)*

*Each gram contains:*

Hydrocortisone acetate . . . . . 5 mg.  
 (0.5%) or 10 mg. (1%) or 25 mg. (2.5%)  
 Neomycin sulfate . . . . . 5 mg.\*\*  
 Methylparaben . . . . . 0.2 mg.  
 Butyl-p-hydroxybenzoate . . . 1.8 mg.

*Supplied:*

5 Gm. and 20 Gm. tubes in plastic cases.

# 2. Neo-Cortef

*ophthalmic ointment*

*Each gram contains:*

Hydrocortisone acetate 15 mg. (1.5%)  
 Neomycin sulfate . . . . . 5 mg.\*\*

*Supplied:* 1 drachm applicator tubes

# 3. Neo-Cortef

*drops (eye and ear)*

*Each cc. contains:*

Hydrocortisone acetate 15 mg. (1.5%)  
 Neomycin sulfate . . . . . 5 mg.\*\*

*Supplied:* 5 cc. dropper bottles

\*TRADEMARK

\*\*EQUIVALENT TO 3.9 MG. NEOMYCIN BASE

THE UPJOHN COMPANY, KALAMAZOO, MICHIGAN

results of MEDICAL ECONOMICS' recent poll of the 1954 crop of new M.D.s. (See "Tomorrow's Doctor: What Are His Goals?"—July issue.) Three out of four of the young doctors polled made it clear that they had no intention of going into solo practice.

## Rx for Better Medical Meetings: No Speeches

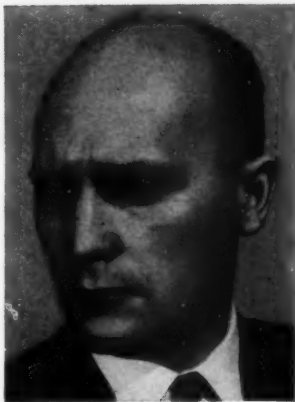
Speakers at local medical meetings don't really "enlighten anyone," says Dr. Wilfred E. Wooldridge of Springfield, Mo.; so why bother to hear them?

If the visiting doctor talks about his own narrow specialty, "there won't be three men in the audience who will understand or care." If the guest discusses "some broader topic, it will be so general that the punch will be gone. [And] a wide philosophical discussion on medicine will lose everybody"—including the speaker.

So, suggests the M.D. from Missouri, in his local society's bulletin, "why not just get together for a good time?" With no speeches to yawn through, it should be possible to "transact society business, shake hands, and go home an hour earlier."

## Air Age Specialists

What's the specialty of the future? Could be that it's aviation medicine, which, only a year ago, was certified a subspecialty under the wing of the



**LESS HOT AIR:** Dr. W. E. Wooldridge urges medical societies to hold speech-less meetings.

American Board of Preventive Medicine. At that time, about 100 air-doctors were approved for the so-called "Founders Group." Now, the Board has announced that it will soon hold examinations for some 150 more applicants who have been declared eligible for certification.

## 'G.P. of the Year' Called Outdated

The A.M.A.'s annual award for the outstanding G.P. of the year is doing the cause of general practice more harm than good. That's the opinion of Dr. Merlin L. Newkirk, president of the California Academy of General Practice.

Why does he think so? Because

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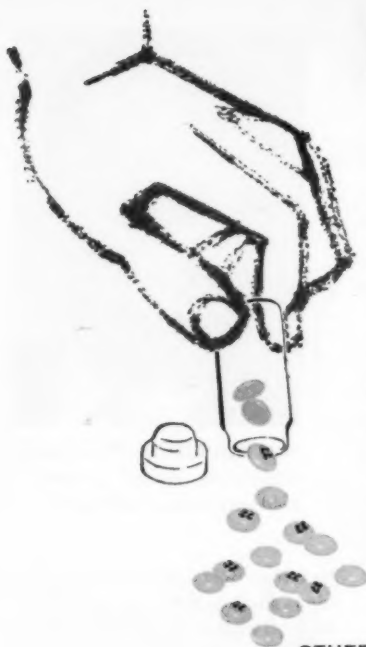
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A widely prescribed form of the outstanding broad-spectrum antibiotic

Sugar-coated, easy-to-swallow ACHROMYCIN Tablets are available in three potencies: 50, 100, and 250 mg.

In each of its many forms, ACHROMYCIN exhibits notable characteristics: it diffuses rapidly in body tissues and fluids; gastrointestinal irritation is rare and mild in nature.

ACHROMYCIN has proved effective against a wide variety of infections including those caused by Gram-positive and Gram-negative bacteria, rickettsia, and certain virus-like and protozoan organisms.



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PEDIATRIC DROPS: (see opposite page)

ORAL SUSPENSION: (see opposite page)

SPERSOIDS® Dispersible Powder (Chocolate Flavor): 50 mg. per rounded teaspoonful (3 Gm.), 12 and 25 dose bottles

SOLUBLE TABLETS: 50 mg.

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TOPICAL OINTMENT (3%): ½ and 1 oz. tubes

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The Pediatric Drops are packaged with an easy-to-read graduated dropper. The Oral Suspension, supplied as dry crystals in a 1 oz. bottle. Both Oral Suspension and Pediatric Drops, when reconstituted by the pharmacist or nurse, retain potency for two weeks at room temperature.

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250 mg. per teaspoonful (5 cc.), 1 oz. bottles

**PEDIATRIC DROPS (Cherry Flavor):**  
100 mg. per cc. (approx. 5 mg. per drop),  
10 cc. bottles

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ELASTIC**  
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ACE Rubber-Elastic Bandages (5 1/2 yds. fully stretched) are supplied in 2", 2 1/2", 3", 4" and 6" widths; Handy Roller, 2 1/2" wide.

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ACE, TRADEMARK REG. U.S. PAT. OFF.

the award conveys the impression that "the family doctor is really a thing of the past," he says in a recent issue of his Academy's monthly journal.

"In rereading all the newspaper accounts over the past three years," he writes, "not a single mention is made of *why* the recipient deserved the award!" What's more, Dr. Newkirk adds, "practically all the newspaper accounts are limited to a photograph of the doctor, [his] age, and the name of his home town. The ages of the doctors were 75, 80, and 82." From this type of presentation, he maintains, "the public cannot help but have the impression . . . that the family doctor is really . . . a 'horse and buggy' practitioner."



**'G.P. OF THE YEAR'** award does G.P.s more harm than good, says Dr. Merlin L. Newkirk.

The root of the trouble, says Dr. Newkirk, lies in the fact that the A.M.A. award is completely arbitrary. "There are no qualifications for it," he points out; and it has no real objective "other than publicity."

What's needed, he concludes, is an award that will get away from the "Mother of the Year" category—one that will "call attention to the *modern* concept of the family doctor."

### **Calls for More Lively Scientific Writing**

The bulk of American medical writing is unbearably ponderous, charges Dr. Anderson Nettleship of Little Rock, Ark. Where does the



**CALLS FOR MORE ZIP:** Most medical writing is too ponderous, thinks Dr. Anderson Nettleship.

RONCOVITE (Cobalt-Iron) has introduced a wholly new concept in anti-anemia therapy. It is based upon the unique hemopoietic stimulation produced only by cobalt. The application of this new concept has led to marked, often dramatic, advances in the successful treatment of many of the anemias.

## RESULTS ARE CONCLUSIVE

The Wide Acceptance of Cobalt-Iron  
Therapy Stems from Findings Like These.\*

### *High Percentage of Patient Response--*

Of 42 pregnant patients, 41 maintained or improved their hemoglobin status.<sup>1</sup>

### *Better Hemoglobin Synthesis--*

Cobalt accelerates utilization of iron in hemoglobin synthesis.<sup>1</sup>

### *Greater Erythropoiesis--*

"...increased erythropoietic activity would preclude the need for transfusion."<sup>2</sup>

### *Rapid Improvement--*

Response more rapid than intravenous iron.<sup>4</sup>

### *Optimum Results--*

Cobalt should be given with iron to produce optimum results.<sup>1</sup>

### *Clinical Safety--*

Even in prematures, no harmful effects were noted despite high dosage.<sup>4</sup>



## SUPPLIED

### RONCOVITE TABLETS

Each enteric coated, red tablet contains:

Cobalt chloride.....	15 mg.
Ferrous sulfate exsiccated.....	0.2 Gm.

### RONCOVITE DROPS

Each 0.6 cc. (10 drops) provides:

Cobalt chloride.....	40 mg.
(Cobalt.....9.9 mg.)	
Ferrous sulfate.....	75 mg.

### RONCOVITE-OB

Each enteric coated, red capsule-shaped tablet contains:

Cobalt chloride.....	15 mg.
Ferrous sulfate exsiccated.....	0.2 Gm.
Calcium lactate.....	0.9 Gm.
Vitamin D.....	250 units

## DOSAGE

One tablet after each meal and at bedtime; 0.6 cc. (10 drops) in water, milk, fruit or vegetable juice once daily for infants and children.

## RONCOVITE

The original, clinically proved, cobalt-iron product.

\*Bibliography of 192 references available on request.

1. Holly, R.G.: The Value of Iron Therapy in Pregnancy, *Journal-Lancet* 74:211 (June) 1934.
2. Kato, K.: Iron Cobalt Treatment of Physiologic and Nutritional Anemia in Infants, *J. Pediat.*, 11:385 (Sept.) 1937.
3. Gardner, F.: The Use of Cobaltous Chloride in the Anemia Associated with Chronic Renal Disease, *J. Lab. & Clin. Med.*, 41:56 (Jan.) 1953.
4. Weissbecker, L.: Cobalt Therapy, *Dtsch. M. Wschr.*, 75:116 (1950).
5. Coles, B.L., and James, U.: The Effect of Cobalt and Iron Salts on the Anaemia of Prematurity, *Arch. Disease in Childhood* 29:85 (1954).
6. Quilligan, J.J., Jr.: Effect of a Cobalt-Iron Mixture on the Anemia of Prematurity, *Texas St. J. Med.* 50:294 (May) 1954.

**LLOYD BROTHERS, INC.**

Cincinnati 3, Ohio

fault lie? With both author and editor, he says, in a letter to the New England Journal of Medicine.

Too many medical editors, he believes, insist on a "formal" style that's "cut to the point of cryptic obliteration." And too often, he adds, they tailor the papers they publish to fit their "most recently acquired prejudices."

As for medical authors, they're overly fond of "obscure references," says Dr. Nettleship; they use "complex" and "esoteric" language to give an impression of scientific astuteness.

By contrast, he points out, British medical writing is considerably livelier. Why? Because in British medicine "both author and editor

... take a less rigid approach," says Dr. Nettleship.

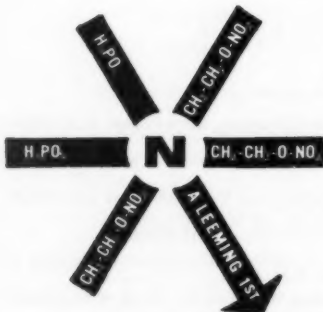
The fact is, he concludes, American medical men writing for publication take themselves "altogether too seriously." That's the main reason why, "after nearly 250 years of medical writing, American physicians of literary stature number not more than six."

### Special Delivery Item

If some of your patients take too long to pay their obstetrical bills, you may be interested in what the members of one medical group have done to stimulate prompt payment:

When prospective parents pay their doctor bill *before* delivery,

## Angina pectoris prevention



The new strategy in angina pectoris is prevention, the new low-dose, long-acting drug—METAMINE. Most effective milligram for milligram, and better tolerated, METAMINE prevents attacks or greatly diminishes their number and severity. *Dosage:* 1 tablet (2 mg.) after each meal; 1-2 tablets at bedtime.

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# Metamine®

Triethanolamine trinitrate biphosphate, Leeming, tablets 2 mg.

Bottles of 50 and 500.

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"Cold feet" may or may not mean a "warm heart", as the old saying has it. But it's surely true that chronically cold feet are often a sign of low-grade peripheral vascular disease.

For patients whose feet are "always cold",

RONIACOL — well-tolerated, long-acting vasodilator — is usually effective.

Especially useful for prolonged therapy because there is little likelihood of severe flushes or other side reactions.

#### R Information

RONIACOL Elixir (50 mg per tspn)  $\bar{3}$  xvi. Sig: 3 ii. t.i.d., p.c.\*

RONIACOL TARTRATE Tablets (50 mg) #100. Sig: Tabs ii t.i.d., p.c.\*

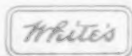
\*may be increased as required up to 800 mg daily.

Roniacol®—brand of beta-pyridyl carbinol



**side track**

relieve the symptoms



## A-P-CILLIN

... prevents and controls secondary infections  
... while relieving "cold-like" symptoms

In a single convenient tablet, A-P-Cillin combines three widely prescribed therapeutic agents for control of acute upper respiratory infections and for relief of symptoms.

Each A-P-Cillin tablet contains:

1

**APC**—for analgesic and antipyretic action—to relieve systemic symptoms.

*Acetylsalicylic acid* . . . . . 2½ gr.

*Phenacetin* . . . . . 2 gr.

*Caffeine* . . . . . ¼ gr.

2

**ANTIHISTAMINE**—for local symptomatic relief, particularly from profuse nasal discharge.

*Phenyltoloxamine dihydrogen citrate* . . . . . 25 mg.

3

**PENICILLIN**—for prevention and control of secondary bacterial infections.

*Procaine penicillin G* . . . . 100,000 units

the complications

For common acute upper respiratory infections, the usual adult dose is 2 tablets three times a day, continued for at least three days. Tablets should be taken at least one hour before or two hours after meals—supplied in bottles of 50 and 500 tablets.

WHITE LABORATORIES, INC., KENILWORTH, N. J.

The Majority of  
Your Arthritics Need Only...

# Pabirin®

POTENTIATED SALICYLATE THERAPY



**In Capsule Form  
for Most Rapid  
Absorption**

**EACH CAPSULE CONTAINS:**

Acetylsalicylic acid..... 5 gr.  
Para-aminobenzoic acid.... 5 gr.  
Ascorbic acid.....50 mg.

**SODIUM-FREE**

**RAPID ABSORPTION  
FOR PROMPT ACTION**

The high salicylate blood levels produced by Pabirin quickly lead to a degree of analgesia sufficient to control discomfort in the majority of arthritics. Concomitantly, joint mobility is improved, not only through prolonged pain relief but also through increased elaboration of endogenous cortisone. Thus in most arthritic patients, Pabirin alone is adequate therapy.

Pabirin is rapidly effective because it is formulated in quickly disintegrating gelatin capsules which release their contents within a matter of minutes. It is well tolerated since it contains acetylsalicylic acid, widely regarded the salicylate of choice. Its PABA retards urinary salicylate loss, and its generous content of ascorbic acid aids in preventing depression of blood vitamin C levels.

Average dose, 2 to 3 capsules 3 or 4 times daily.

**SMITH-DORSEY • Lincoln, Nebraska** A Division of THE WANDER COMPANY

these practitioners use 10 per cent of the fee to open a bank account for the baby.

Over the past fifteen years, the doctors have opened more than a thousand such accounts. And here's an interesting sidelight: Savings banks usually expect half their accounts to be withdrawn without an additional deposit being made. But the group reports that 83 per cent of its baby accounts are still going and growing.

## Opposes Ph.D. Bid for Specialist Standing

There's a feeling in some quarters that Ph.D.-scientists working in the medical field should be accorded

specialist status. But they won't get it if the College of American Pathologists has its way. The college has gone on record as opposing a move on the part of the Society of American Bacteriologists to form a new specialty board that would make Ph.D.s eligible for certification.

The pathologists say they strongly approve "technicological recognition" for the Ph.D.s. But they maintain that medical certification is tantamount to giving "professional standing." And "to confer professional standing," they argue, "violates the principle that broad training in the field of patient care should precede specialization."

The Ph.D.-scientist may be an excellent teacher or researcher, says a

# TUSSAR...quiets coughs

By mild expectorant and calming action, Tussar provides 'round-the-clock control of even obstinate, hacking coughs.

Tussar contains a superior antihistamine—propenpyridamine maleate—and dihydrocodeinone bitartrate, approximately 6 times more potent than codeine. This means cough sedation with much smaller dosage.

Tussar is well tolerated and pleasant tasting. You can prescribe it with confidence in any age group.

Each fluid ounce of TUSSAR contains:

Dihydrocodeinone Bitartrate	1/6 gr.
Warning—May be habit forming.	
Potassium Guaiacal Sulfonate, N.F.	8 gr.
Sodium Citrate, U.S.P.	13.2 gr.
Citric Acid, U.S.P.	2 gr.
Propenpyridamine Maleate (10 mg./teaspoon, 5 cc. medicinal)	1 gr.
Chloroform, U.S.P.	2 minims
Methyl Paraben, U.S.P.	.01%
Flavor, sweetening, aroma, vehicle.	
If desired, either ammonium chloride, potassium iodide, or ephedrine can be added to Tussar. Supplied in 16 oz. and 1 gal. bottles.	

morning  
noon  
night



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formal C.A.P. statement; but by virtue of his training, "he is totally unfitted to consult with clinicians on the daily problems of patient care." And such consultation, maintain the pathologists, is an essential part of modern laboratory medicine.

## M.D. Stanchly Defends Clinic Pharmacies

*Denies that they endanger the patient's free choice*

Clinic pharmacies (i.e., pharmacies affiliated with medical groups) have been attacked by independent druggists because they "interfere with the patient's free choice," and because they represent a med-

ical "trespass" on the pharmacist's territory. But neither of these arguments holds water, says the president of Wisconsin's state medical society.

Writing in his society's journal, Dr. H. Kent Tenney points out that he's a firm believer in free choice. But he insists that clinic pharmacies violate the free-choice principle only when the prescription is written in such a way as to be intelligible to the clinic pharmacist alone. Dr. Tenney heartily condemns this practice.

He disposes of the second charge more at length. Many critics, he explains, decry the clinic pharmacy on the ground that it violates "that section of our code of ethics which

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# Xmas Rx for Doctors



*A Sure-to-Please  
Christmas Gift...*

LIKE everyone else, Doctors like to get Christmas presents. But like all professional men, they like to get presents they can use.

This popular new TYCOS® Desk Aneroid makes the ideal gift for discharging obligations for professional services rendered by fellow doctors. Hand-rubbed solid walnut case, brass trim, 3 3/8" easy-to-read ivory tinted dial. Easel adjusts to any angle.

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This new TYCOS Wall Aneroid → makes an excellent gift for the doctor who requires maximum efficiency in his examining room. Price \$49.50 with hook cuff and six feet of connecting tube.



Long pointer magnifies slight variations in the pulse wave... giving maximum sensitivity.

The movement, of course, is a dependable, accurate TYCOS movement. Accuracy is assured as long as the pointer returns within zero... an easy, visual check. The Exclusive Hook Cuff fits any adult arm, slips on and off quickly, and easily. Stainless steel ribs prevent ballooning.

Price **\$49.50** Complete  
with Hook Cuff

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**TAYLOR INSTRUMENTS MEAN ACCURACY FIRST**

281

## Emphysema News

From a study of 6752 asthmatics in the Duke University clinic, O. C. Hansen-Pruss and J. D. Charlton (*Jour. Am. Geriat. Soc.*, 2:153, Mar., 1954) believe that the incidence of obstructive emphysema is as high as 35 per cent even in the well managed asthmatic who reaches the age of 45 years. In many of these cases chronic bronchitis is present.

Elderly patients with emphysema who suffer from a chronic cough productive of scant, very tenacious sputum benefit greatly by aerosol therapy with Alevaire.<sup>®</sup> This mucolytic detergent can also be used in conjunction with the antispasmodic Isuprel<sup>®</sup> and an antibiotic. The following combination has proved to be very useful in the Duke University clinic: Isuprel (1:200 dilution) 1 part; antibiotic (e.g., 50,000 units of crystalline procaine penicillin in 1 cc. sterile water) 1 part; and Alevaire 2 to 3 parts. The flow of oxygen is regulated at 8 liters per minute. The patient inhales this mixture every four to six hours while awake. Alevaire and Isuprel are made by Winthrop-Stearns Inc., New York.

Other important factors of treatment are education of the patient, including instructions on how to guard against recurrent upper respiratory infections, physiotherapy—especially breathing exercises—and diet to reduce excess weight. Smoking is contraindicated. In cases of sudden development of respiratory embarrassment (not of cardiac origin) bronchoscopy is needed.

says that a physician shall receive remuneration only for his professional services and not for drugs or appliances . . . But we must never forget that the basic purpose of a code of ethics is to protect the patient."

In this light, Dr. Tenney concludes, "it is difficult to see how the clinic pharmacies can do the patient any harm. They are under the direction of registered pharmacists, and hence there can be no question as to the quality of the service they render."

## Doctors Clinch Victory In Hospital Drive

**Local M.D.s contribute 20% of total building fund**

Here's a striking example of how doctors can take the lead in hospital fund-raising: Though the 165 physicians of Utica, N.Y., comprise only one-five-hundredth of the local population, they have paid over one-fifth of the public's share of a multimillion-dollar hospital building program.

But there's more to the story than just the fact that the doctors put up an average of \$3,250 apiece. Harold N. Howell, executive secretary of the Medical Societies of the Counties of Oneida, Herkimer and Madison, points out:

"The significant thing was that the doctors set and subscribed their own high quota voluntarily, ahead



## Note the Nutritional Difference

THE superior nutritive value of enriched bread over unenriched bread is emphasized by analytical data recently published by the United States Department of Agriculture.<sup>1</sup> Comparison of the two kinds of bread indicates how much more effectively enriched bread contributes to nutritional needs.

Since enriched breads represent an estimated 85 per cent of all commercially produced bread, the evidence shows that bread enrichment has notably increased the B vitamin and iron intake of our population. For this reason enriched bread, since 1941 (when it was first marketed), has been a valuable aid in reducing the incidence of attributable deficiency diseases.<sup>3,4</sup>

But enriched bread contributes to good nutrition in other ways, too. The 13 grams of protein supplied by 5½ ounces (estimated average daily consumption) aids notably in the satisfaction of the daily protein requirement. Since virtually all enriched bread today contains substantial amounts of nonfat milk solids, its

protein—consisting of flour and milk proteins—is biologically effective for growth as well as tissue maintenance.

Because of its high nutrient value, its easy and almost complete digestibility, and its universally accepted pleasant, bland taste, enriched bread merits a prominent place not only in the general diet, but in special diets as well. In many reducing diets 3 or more slices daily are included. The average slice of machine-sliced enriched bread supplies only 63 calories.

1. Watt, B.K., and Merrill, A.L.: Composition of Foods—Raw, Processed, Prepared, United States Department of Agriculture, Agricultural Handbook no. 8, 1950.
2. Data furnished by the Laboratories of the American Institute of Baking, Chicago, Ill.
3. Sebrell, W.H., Jr.: Trends and Needs in Nutrition, J.A.M.A. 152:42 (May 2) 1953.
4. Flour and Bread Enrichment, 1949-50, The Committee on Cereals, Food and Nutrition Board, National Research Council, 1950.



The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

VITAMIN AND IRON CONTRIBUTION OF 5½ OUNCES\* OF ENRICHED AND UNENRICHED BREADS AND PERCENTAGES OF RECOMMENDED DAILY ALLOWANCES\*\*

	ENRICHED BREAD		UNENRICHED BREAD (of former years)	
	Amounts	Percentages of Recommended Daily Allowances	Amounts	Percentages of Recommended Daily Allowances
THIAMINE	0.37 mg.	25%	0.08 mg.	5%
NIACIN	3.40 mg.	23%	1.40 mg.	9%
RIBOFLAVIN	0.23 mg.	14%	0.09 mg.	6%
IRON	4.10 mg. <sup>2</sup>	34%	1.10 mg.	9%

\*An estimated amount of bread consumed daily by the average person.

\*\*Daily dietary allowances (1953) recommended by the National Research Council for a fairly active man 45 years of age, 67 inches in height, and weighing 143 pounds.

**AMERICAN BAKERS ASSOCIATION** 20 North Wacker Drive, Chicago 6, Ill.

## 8 HOURS SOUND SLEEP

**BROMIDIA** for insomnia assures your patient a good night's sleep. Bromidia is a compound of chloral hydrate 91 gr. and potassium bromide 91 gr. per fl. oz., plus ext. hyoscyamus 1 gr.

In discussing sedatives, Jackson A. Smith\* in 1953 wrote: "Chloral hydrate is well tolerated either alone or in combination with other sedatives. It produces a 'physiological' sleep with a minimal amount of 'hangover.'"

Bromidia is highly recommended in insomnia, hyperexcitability of the nervous system, delirium tremens and neurotic outbursts.

**DOSAGE:** Soporific: 1 to 2 teaspoonfuls on retiring; Sedative: 1/2 to 1 teaspoonful repeated as needed.

On prescription in bottles of 4 oz. or 1 pint.

**Write for samples and literature.**

\* Smith, Jackson A.: Methods of treatment of Delirium Tremens, Journal of the American Medical Association 152:386, May, 1953.

**BROMIDIA** SAFER  
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**Special Introductory Offer! SAVE \$18\***

1 Doz. Original (Trippe) Introducers	\$9.00
1 Doz. Trippe Jelly (or Creme)	9.00
1 Doz. Thin Latex Diaphragms	12.00
All 3 (1 doz. ea.) \$30 Value for	
<b>ONLY \$12</b>	<b>PLUS \$1.00 POSTAGE IN U.S.A.</b>

Specify diaphragm sizes and preference of creme or jelly.

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**ORIGINAL TRIPPE SWIVEL-TIP INTRODUCER**

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## NEWS

of everyone else. In the end, with the final goal topped by half a million dollars, civic leaders agreed unanimously that the doctors' action had been the vital factor in the campaign's success."

The program that Utica's medical men so wholeheartedly backed was a bold one: It called for the complete scrapping of two hospitals—St. Luke's and Memorial—and for their merger as St. Luke's-Memorial Hospital Center in a wholly new plant. In addition, the Oneida County Hospital (most of which had already been condemned) was to be scrapped; and welfare patients were to be transferred to private institutions. Of these, the St. Elizabeth, Faxon, and Children's hospitals were to be enlarged and modernized.

Estimated cost? Nearly \$4.5 million—of which some \$2.3 million would have to be raised by public subscription. This seemed a tremendous figure for Utica, with its population of only 100,000. Some observers frankly called the task hopeless.

So the director of the campaign, Harold C. Shackelton, put it squarely up to the medical community. Success or failure, he felt, might depend on the answer to a question a good many people were asking: "What will the doctors do?"

What the doctors did was to name their own campaign committee, consisting of the medical staff presidents of the five private hospitals involved,

# Biochemical PROOF

higher calcium levels

**Calcisalin®**

a new prenatal supplement

Recent clinical test\* which included biochemical determinations of ionic calcium, four groups of pregnant patients were studied. Here are the results after a four-week period, compared with the initial biological values.

**PERCENT CHANGE IN CALCULATED IONIC CALCIUM**

GROUP	CHANGE
1. No medication	Minus 6.0%
2. Neuromuscular symptoms. Medication, CALCISALIN	PLUS 12.5%
3. Neuromuscular symptoms. Medication, Calcium phosphate supplement	Minus 0.9%
4. Neuromuscular symptoms. Medication, CALCISALIN	PLUS 18.0%

\*From *Calcium Metabolism in Pregnancy*, Gross, Wager and Loving, Bulletin Margaret Hague Maternity Hospital, Dec. 1953.

To help you make your own evaluation of  
**CALCISALIN** we will send samples  
and literature on request.

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## FACTS...

### ABOUT CALCIUM AND PHOSPHORUS IN PRENATAL DIETARY SUPPLEMENTS

● Pregnancy depletes calcium, and the principal purpose of a prenatal supplement is to replenish calcium in the maternal pool.

● There is an antipathy between calcium and phosphorus which causes depression of calcium levels when phosphorus is administered with calcium.

● Most prenatal supplements, excepting Calcisalin, use dicalcium phosphate as a calcium source.

● Calcisalin omits phosphorus through the use of calcium lactate, and also includes aluminum hydroxide gel to take up excess dietary phosphorus.

● The proven result is that Calcisalin builds ionic calcium more effectively than supplements which employ a phosphorus component.

● The medical literature points more and more strongly toward calcium lactate as the calcium salt of choice in prenatal nutrition. In Calcisalin, calcium lactate and aluminum hydroxide gel are combined with iron and required vitamins.

plus Howell as chairman. And they agreed to raise no less than 22 per cent of the entire quota, or \$506,000. This total would be assessed against the separate staffs on a per capita basis.

Obviously, some physicians could give more liberally than others. So each staff had full leeway in deciding exactly how to collect its share.

Utica's citizens blinked when the newspapers headlined the doctors' pledge. And a few days later, on the eve of the general campaign opening, the public got an even bigger surprise: It was announced that the M.D.s had already gone over the top. And instead of \$506,000, they had collected \$537,000!

As a result, the fund-raising cam-

paign "was a success story from the very first day," says Howell. With every division going over its quota, the fund wound up with \$2.8 million.

Construction work is now well under way and should be completed by 1956. "Largely because the doctors had the courage to take the initiative," says Howell, "Utica will soon have finer hospitals than anybody would have dreamed possible a few years ago."

## Chiros Try to Change Names to 'Doctor'

In Kansas, where chiropractors may not legally use the title "Doctor," a couple of enterprising practitioners

**COLLAGEN DISEASES:**  
Rheumatoid Arthritis  
Acute Rheumatic Fever  
Periarthritis Nodosa  
Lupus Erythematosus  
(early)  
Dermatomyositis

**HYPERSENSITIVITY DISEASES:**  
Asthma  
Hay Fever  
Urticaria  
Drug Sensitivity Reactions  
**ACUTE INFLAMMATORY PROCESSES:**  
Dermatologic

**Purified Corticotropin Gel (National)** is highly purified corticotropin of constant and unvarying potency. Each lot is assayed by the method of Sayers et al, modified by Munson to determine U.S.P. units.

Supplied: ACTH GEL is available in 2 potencies: each cc. containing purified corticotropin equivalent in clinical activity to 40 U.S.P. units, or to 80 U.S.P. units. Vials of 1 cc. and 5 cc.

Also available: **ACTH Solution (National)**. Each cc. contains 20 U.S.P. units corticotropin. Vials of 2 cc.

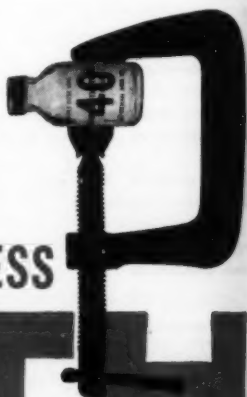
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PURIFIED CORTICOTROPIN GEL

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"The value of  
sulfonamide mixtures  
in reducing  
crystalluria and  
renal complications  
is based on

## undisputed experimental evidence

"It has been confirmed  
by several independent  
groups of investigators  
in rigorous  
practical tests at  
the bedside."

(Lehr, D.: J.A.M.A., Feb. 5, 1949.)



*for safer,  
more effective, speedier,  
highly palatable  
sulfonamide  
therapy*

# tri-sulfanyl

Each 5 cc. of syrup (approx. one teaspoonful)  
or each tablet contains 7½ grains of sulfa compound.

SULFADIAZINE	0.162 Gm.
SULFAMERAZINE	0.162 Gm.
SULFATHIAZOLE	0.162 Gm.
SODIUM CITRATE*	0.375 Gm.
*not contained in Tri-Sulfanyl Tablets	

Samples of  
Tri-Sulfanyl  
on request.

**ARLINGTON-FUNK LABORATORIES**  
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*At long last . . .*

**The Comprehensive Antispasmodic  
for both skeletal and associated  
smooth muscle spasm . . . . .**

**R** **EXPASMUS**, a new combination of antispasmodics, plus a powerful analgesic—in *single prescription form*—effectively reduces both skeletal and smooth muscle spasm, while affording more rapid release from pain.

Though skeletal muscle pain-spasm often engenders secondary smooth muscle spasm, no single antispasmodic preparation free of belladonna, barbiturates or amphetamine has heretofore been formulated to treat both types of spasm. In this respect, **Expasmus** is unique as it combines the smooth muscle relaxant, dibenzyl succinate and the skeletal muscle relaxant, mephenesin with the powerful analgesic, salicylamide to provide safe, fast-acting and comprehensive therapy.

**Description:** Each tablet of **Expasmus** contains dibenzyl succinate, 125 mg.; mephenesin, 250 mg.; salicylamide, 100 mg. Packed in bottles of 100 tablets, on your prescription only.

**Indications and dosage:** For relaxation of skeletal and associated smooth muscle spasm; relief of arthritic and low back pain; as a mild non-barbiturate sedative and relaxant in tension—Average dose, two tablets every four hours. Maximum daily dose, twelve tablets.

**Samples Available to Physicians**

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recently came up with a new dodge. Dean L. Bratt and B. Wilburn Mayse, both of Wichita, sought court permission to use "Doctor" as their first given names.

The reason they wanted new first names, said each man innocently in his petition, was that the old ones were "cumbersome, embarrassing, and very difficult for strangers to understand, spell, and pronounce."

This was too much for Kansas M.D.s to swallow. Through their state medical society, they filed a counter-petition saying that the requested name changes were "not sought in good faith . . . but as a subterfuge to . . . increase the petitioners' social and business standing."

The protest apparently convinced the two chiropractors that they'd better be satisfied with the names their parents gave them. Shortly after it was made, both men quietly requested that their petitions be withdrawn.

## Why Doctors Become Drug Addicts

*Journal editor lists three groups of drug users in the profession*

"The American public is opening its eyes to the dope menace . . . but all too often the man nearest the narcotic needle overlooks the menace in his own little black medical bag." That's the statement of Dr. J. DeWitt



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Positive, gentle action assures complete elimination promptly, without griping or urgency.

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**NOW** the safest agent

yet developed for

decisive control of BLOOD PRESSURE

with **5** important firsts

# UNITENSE

brand of cryptenamine

Unitensen is recommended for the patient who needs more than transient effects. It produces positive, sustained falls in blood pressure.

This is what Unitensen Tablets do . . . and with unparalleled safety

Summary of Case Histories-Series A\*

Age—Sex	BP—mm. Hg. BEFORE	BP—mm. Hg. AFTER
54—M	190/115	140/90
37—M	200/130	130/85
48—M	230/140	140/100
46—M	220/140	160/110
41—M	210/140	155/110
43—M	200/120	160/110
26—M	230/130	180/120
44—M	220/130	175/120
46—M	220/120	162/90

These patients experienced sustained control of blood pressure levels over prolonged periods of time.

(Write for complete clinical data, including case histories.)

\*Personal communication to Irwin, Neislar & Company.

## FIRST IN MAINTAINING DECISIVE BLOOD PRESSURE CONTROL

The sole therapeutic agent in Unitensen Tablets is cryptenamine—a potent blood pressure lowering alkaloid fraction isolated by the research staff of Irwin, Neisler & Company. In the majority of cases (see chart at left), cryptenamine will lower blood pressure decisively, and will control blood pressure at the lower levels for prolonged periods of time.

### FIRST IN SAFETY

Unitensen Tablets exert a central action on the blood pressure lowering mechanism. Circulatory equilibrium is not disrupted. Improved circulation and improved work of the heart are often attained, *along with the decisive fall in blood pressure.*

Unitensen Tablets have no sympatholytic or parasympatholytic action. Ganglionic blocking does not occur. Unitensen Tablets *do not* cause postural hypotension and collapse, an ever-present risk with other potent blood pressure lowering drugs. Renal function is *not* impaired.

### FIRST WITH DUAL ASSAY

Unitensen is biologically standardized twice, first for hypotensive response and, second, for side effects (emesis) in the dog so that a safe therapeutic range between the two is assured. In extensive clinical trials only a few isolated cases exhibited occasional vomiting.

Unitensen Tablets do not cause the serious side effects common to widely used synthetic hypotensives. Unitensen Tablets can be given over long periods of time with entire dependability. Cumulative effects have not been noted.

### FIRST IN SIMPLE DOSAGE

Start with 2 tablets daily, given immediately after breakfast and at bedtime. If more tablets are needed, include an afternoon dose at 1 or 2 p.m.

### FIRST IN ECONOMY

Because of lower dosage, Unitensen Tablets save your patients  $\frac{1}{3}$  to  $\frac{1}{2}$  over the cost of other potent blood pressure lowering agents.

Each Unitensen Tablet contains: Cryptenamine\* . . . . 2 mg.†  
(as the tannate salt)

\*Ester alkaloids of Veratrum viride obtained by an exclusive Irwin-Neisler nonaqueous extraction process. †Equivalent to 260 Carotid Sinus Reflex Units.

IRWIN, NEISLER & COMPANY

DECATUR, ILLINOIS

Fox, editor of Life & Health magazine, in a recent issue of the Medical Annals of the District of Columbia.

How do physicians get into the habit? Dr. Fox passes along a report from Dr. Harris Isbell, director of the Public Health Service Hospital in Lexington, Ky., that most doctor-addicts fall into the following categories:

1. The alcoholic physician who with increasing frequency takes opiates to relieve his hangovers. Eventually, "he begins to take the opiate instead of the alcohol."

2. "The overly-fatigued physician . . . He loses sleep several nights, receives another call . . . feels he cannot make [it] without a 'stimulant'

to keep him going. He takes a dose of morphine, methadone, or Demerol, and . . . makes his call. Finding such an escape a great relief, he repeats it, until he too falls through the trap door into addiction."

3. "The doctor who develops a painful disease, usually chronic in nature . . . He is given an opiate for relief of pain after an operation. He returns to work too early, still has pain; [so he] continues the drug, until he is chained as a narcotic addict."

Behind such behavior patterns, Dr. Isbell points out, there's nearly always "a serious emotional disorder." It may be based on anything from "a marital rift to income-tax trouble." Editor Fox appends this postscript:

[MORE→

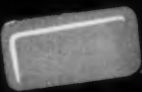
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# NEW— a *sheer* elastic stocking that gives perfect support, too

Bauer & Black De Luxe nylons exert therapeutically correct pressure from ankle to thigh—yet look like fine hosiery on the leg.

You can be sure your patient will follow the elastic stocking regimen you prescribe when she wears Bauer & Black *Sheer De Luxe* nylons. They are truly inconspicuous—so sheer that your patient can wear them without overhose.

And you can be sure she's getting correct support, too. Bauer & Black Elastic Stockings are fashioned to the shape of the leg to assure proper remedial support at every point. Pressure diminishes gradually from ankle to thigh, gently speeding venous flow.

Fashionable light shade won't discolor. Light and cool. Easy to wash. Quick drying. Open toe for freedom and comfort.

You make certain of both correct support and patient cooperation when you prescribe Bauer & Black stockings. That's why more doctors prescribe them than any other brand.

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**BAUER & BLACK FASHIONED STOCKING** knitted with rear-fashioning seam so that pressure is adjusted to leg contours, avoiding undesirable constriction. Pressure decreases gradually from ankle up, thus gently speeding circulation.

Shading indicates correct pressure pattern of Bauer & Black Elastic Stocking.



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HP\*ACTHAR Gel, a new repository ACTHAR with rapid response and sustained action, is as easily administered as insulin with a minimum of discomfort, whether injected intramuscularly or subcutaneously. It is economical too, far less time and money being spent to restore the patient's working ability.

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(IN GELATIN)

The small total dose required affords economy and virtual freedom from side action.

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"What every physician must remember is that he is human. Even though in his bag is an escape through a needle, he must never allow himself the pleasure of using it."

## Cautions Young Doctors Against Panel Plans

*Society head urges them to go into private practice*

The closed-panel plans are a threat to the freedom of the medical profession, says the president of the San Francisco Medical Society. And, in an editorial in the society's bulletin, Dr. Samuel R. Sherman has advised medical school graduates to turn a deaf ear to the blan-

dishments of any such plan. Actually, he warns, the closed-panel system simply "cannot render [the same kind of] service . . . that the private practitioner does."

He concedes that the public appeal of such plans lies in reduced costs; but they accomplish this result only through "cheapening or short-cutting medical care."

How? By substituting "low-salaried internes, residents still in training, and unlicensed doctors for qualified physicians and surgeons, [as well as] by curtailments in laboratory and X-ray services, and denial of hospitalization in order to minimize major expenses."

Since the panel plans can afford to pay more for internes than can



**BEWARE OF DRUG HABIT, Dr. J. DeWitt Fox warns colleagues; it's easy for a doctor to fall into.**



**PANELS ARE BAD MEDICINE—**not only for patients but for doctors, says Dr. Samuel Sherman.

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MEDICAL ECONOMICS • NOVEMBER 1954

## NEWS

the average hospital, they present an obvious temptation to the newly graduated M.D. But, warns Dr. Sherman, "young physicians embarking on a career of medicine in such plans are indoctrinated into bad patterns of medical practice—they learn only about the Science of Medicine to the utter disregard of the Art of Medicine." Thus, "they sacrifice the traditions of a fine profession for a life of so-called security with short hours of work into which are crammed assembly-line tactics in a supermarket atmosphere."

## Doctor's Aide Springs To Defense of Aides

*Says they're not to blame for office schedule mix-ups*

Don't blame your secretary whenever the office schedule gets fouled up, says Marian L. Winn, R.N., of Davenport, Iowa. In the *Journal of the Iowa State Medical Society*, Miss Winn—a doctor's aide herself—insists that there isn't much *anybody* can do about some of the snarls that occur. Here's her case in her own words:

"The appointment book, scheduled at fifteen-minute intervals, is filled for a week in advance. Mrs. B (and she is not the only one during the day) calls, insisting that she must see the doctor *today*.

"From the symptoms enumerated, the receptionist or nurse is aware that Mrs. B . . . could wait for a def-

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## rapid relief

for coughs from colds or allergies

# AMBENYL

TRADE MARK

**AMBENYL** owes its special value to the action of two outstanding antihistaminics combined with other valuable agents. Benadryl, noted for its antihistaminic-antispasmodic action, and Ambodryl, with its high antihistaminic activity, act together to make coughing patients more comfortable. The antispasmodic, anti-allergic, decongestant, and demulcent actions of pleasant-tasting **AMBENYL**.

quiet the cough reflex  
facilitate expectoration  
decrease bronchospasm  
relieve mucosal congestion

### **AMBENYL** contains in each fluidounce:

Ambodryl hydrochloride . . . . .	24 mg.
(bromodiphenhydramine hydrochloride, Parke-Davis)	
Benadryl hydrochloride . . . . .	36 mg.
(diphenhydramine hydrochloride, Parke-Davis)	
Dihydrocodeinone bitartrate . . . . .	$\frac{1}{8}$ gr.
Ammonium chloride . . . . .	8 gr.
Potassium guaiacolsulfonate . . . . .	5 gr.
Menthol . . . . .	q.s.
Alcohol . . . . .	3%

Supplied in 16-ounce and 1-gallon bottles.

**dosage** Every three or four hours—adults, 1 to 2 teaspoonfuls; children,  $\frac{1}{2}$  to 1 teaspoonful.



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when  
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in  
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1. Kline, P. R. and Caldwell, A.  
New York St. J. M. 52:1141, 1952.
2. Schleich, H. G. The Schoen Letter, May 1952.
3. Welch, A. L. and Eds, M.  
A.M.A. Archives Derm. & Syph., June 1954.
4. Bagyam, W. H. and Labucki, T. D. Clin. Med., May 1954.
5. Kline, P. R. Current Notes in Derm. & Syph., May 1952.



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**right**

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**left**

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**right**

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**right**

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# DIABETES

"The ideal detection center is the office of the family physician."

Blotner, M., and Marble, A.: *New England J. Med.* 245:567 (Oct. 11) 1951.

20,255 "new" diabetics were found in one year by 5000 physicians responding to a recent nationwide poll.

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nite appointment. But what can the office girl do? Should she tell Mrs. B . . . that the doctor cannot see her until next week? Handle a few such situations that way, and you may help correct the timing of appointments; but what sort of public relations would you develop?

"A nurse may sometimes think she has diplomatically postponed such a patient's visit, only to learn that the patient has called back to talk to the doctor directly. Now that it is his problem, what does he do? More often than not he tells Mrs. B to come in . . .

"Then Mrs. C, Mrs. D, and Mrs. E . . . call in—'Mary has a sore throat—fever 103,' 'Johnny has stepped on a nail,' 'My husband is having severe chest pain,' etc. Obviously they have to be seen—not next week, but today. But when? The appointments are filled . . .

"Set aside certain periods of the day for such emergencies, you may say. But unfortunately these calls do not all come in at 9 A.M. to facilitate such a nice arrangement. They are coming in all day long . . .

"Take another day: Everything is breezing merrily along . . . when the physician is called out for an accident case entailing an hour or more of work at the hospital. What about appointment times then?

"And what do you do with patients who wander in without appointments, but whose condition warrants treatment that day? . . . And what about the patient who,

having made an appointment for himself, comes in at the appointed time bringing . . . his wife and two children along for a check-up, too?"

Miss Winn points out that these are just a *few* of the problems that a doctor's aide has to face every day. What's the solution? She doubts that there is one—at least not so long as doctors are forced to carry "too heavy a patient load."

## Says Doctors Shouldn't Be Hospital Trustees

*They're called less objective and impartial than laymen*

Doctors who have "wisdom and independence of thought" are sometimes of value on hospital governing boards. But, for the most part, medical men lack the necessary detachment, says Dr. James Howard Means. It's only the layman, he maintains, who "can be completely objective about the diverging interests of doctors and patients."

By and large, he points out, the doctor-trustee is bound to be influenced by "relationships personal and sentimental to members of the active staff"—even if he himself doesn't happen to be a member of that staff. What's more, his "thinking may be restricted or conditioned by the dictates or policies of the medical guilds."

Even the retired staff member is unlikely to make a useful trustee, according to Dr. Means' analysis in

## Untangle Daytime Nerves

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## New

Nidar is the new formulation specifically designed to control the tensions of everyday life. Nidar offers sedation when needed without drowsiness.

Each light green, scored NIDAR tablet contains:

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Bottles of 100 and 1000.

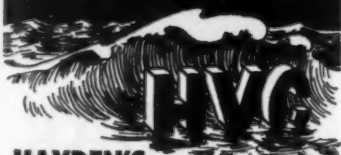
Usual tension-controlling dosage: 1 tablet ½ hr. before period of morning or afternoon tension. (For hypnotic effect without barbiturate hangover: 1 or 2 tablets ½ hr. before retiring.)



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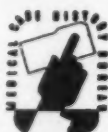


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## NEWS

Hospital Management magazine. The older man "is apt to think of the hospital as it was in his active . . . days rather than as it should be in the present and future."

Who, then, *should* serve? Dr. Means recommends that "a considerable spread of talent" be represented. The well-balanced board, he feels, should consist largely of financiers, businessmen, lawyers, educators, and basic scientists. Their common denominator he expresses this way: "Standpattism should be foreign to [their] nature."

## Tells Public Grievance Boards Do a Fine Job

*McCall's article praises doctors' fairness and impartiality*

Though grievance boards are no longer a novelty, the public seems to have heard comparatively little about them. Apparently aware of this, McCall's magazine has come up with an article that examines the grievance-board idea—and pronounces it good both in theory and practice. Says writer E. Gardiner Neal: "In every community which has such a board and *uses* it, improvement in the doctor-patient relationship has been outstanding."

Neal assures his readers that they need have no fear about "whether doctors can be really impartial about the conduct of another doctor." And he tells the following true story by way of example:



A Southern dermatologist charged a \$200 fee for curing a woman's impetigo. Since treatment had lasted just three days, the patient felt she was being overcharged. The local grievance board agreed with her—"and urged the dermatologist to reduce his fee." Instead, he sued the patient for the full amount. Whereupon, says Neal, the committee "promptly furnished the patient with an attorney and four qualified doctors to defend her. She won the case hands down."

Even when the "boards do not have the power to . . . discipline, they do not hesitate to turn an erring doctor over to the appropriate judicial body," adds the author. He tells of one case in which a grievance committee turned over to the district attorney the name of a colleague guilty of performing an abortion. It's actions like this, he suggests, that have led one West Coast woman to comment: "In our community we all know the doctors are working to protect *us*, not other doctors' careers."

Neal urges his readers to do all they can to publicize the existence of their local boards—especially among "friends and acquaintances who have voiced dissatisfaction with their medical care." And he advises citizens of communities that have no grievance committee to agitate for one. Says he: "If enough of you make your desires known to your local medical society, it will take action."

## Epilepsy News

Based on a series of 320 cases, (*Neurology*, 4:116, Feb., 1954) Harold Berris reports that Mebaral® is superior to phenobarbital as an anticonvulsant of the barbiturate series. He considers Mebaral the least toxic of all the standard anticonvulsants; in his experience it has never caused any serious reactions. Mebaral is now the barbiturate of choice at the seizure clinic of the University of Minnesota Hospitals.

Mebaral is effective in treating all types of convulsive disorders when used alone. In addition it greatly enhances the improvement obtained when added to diphenylhydantoin, Tridione or Paradione, at the same time substantially reducing the risk of toxicity of these drugs by making it possible to use them in lower dosage. Eighty-two per cent of Berris's patients receiving Mebaral alone showed good or excellent seizure control. Grand mal cases responded as well as those with petit mal and mixed seizure patterns. Mebaral and diphenylhydantoin in combination had an effectiveness of 70 per cent. However, this group was comprised of the most severe cases of epileptiform disorders.

Mebaral is a tasteless antiepileptic and sedative which usually does not cause drowsiness. It is available in tablets of 3 grains, 1½ grains, ¾ grain and ½ grain. A combination of Mebaral (90 mg.) and diphenylhydantoin (60 mg.) is supplied commercially as Mebaroin tablets. Mebaral and Mebaroin are made by Winthrop-Stearns Inc., New York.



**Do you sometimes feel** that a patient would benefit from drinking less coffee, because he is "cafein sensitive"? Why not tell him he can drink all the coffee he wants, as long as it is Sanka Coffee —97% cafein-free?

**New, Extra-Rich Sanka** is a wonderful coffee, Doctor. You'll enjoy it yourself.



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## PEDIATRICS

Prepared In The Interests Of The Profession By The Pediatrics Consultant Staff Of H. J. Heinz Company

## BULLETIN

# PROPHYLACTIC USE OF ANTIBIOTICS

**T**HE promiscuous use of antibiotics has been under frequent criticism as leading to hypersensitization and to the development of resistant organisms.

● **Regardless of the harm** that has been done, there is no question of the enormous reduction in serious complications of septic disease in infants and young children, such as mastoiditis, dural sinus thrombosis, pneumonia, empyema, peritonitis, etc. Perhaps the greatest harm in children has resulted from their use over periods of too short duration and in too inadequate doses.

● **Antibiotics are misused** "prophylactically" in two ways:



● **One**, such as has been established in the prevention of streptococcus infections in rheumatic infections, in therapeutically inadequate small doses, continued over long periods.

● **Second**, in therapeutic doses for inadequate periods for illnesses often undiagnosed, in which the "prophylaxis" is against the possibility of serious complicating septic illness.

● **It is well for us all** to keep clearly in mind, therefore, that if and when an antibiotic is used in a child with fever—with the idea that it may cure an undiagnosed septic condition then existing or that might occur as a complication of a respiratory infection—the dose of antibiotic should be at therapeutic levels and its administration should be continued for an adequate period of time.

**NOTE:** These bulletins are designed to help disseminate modern pediatrics knowledge to the general medical profession and will appear monthly in Medical Economics.

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# HEINZ

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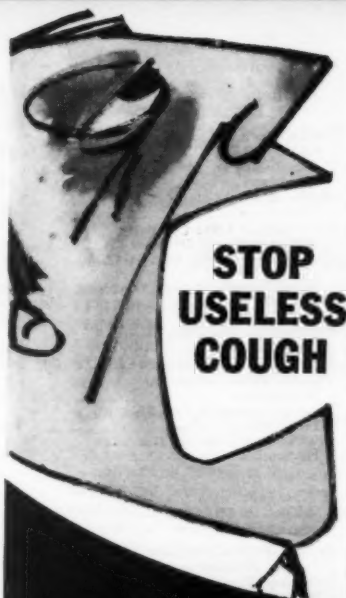
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USELESS  
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## Combination tranquilizer-antihypertensive

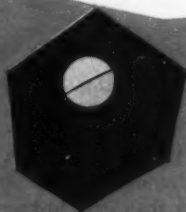
*especially for  
moderate and severe  
essential hypertension . . .*

T.M.

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hydrochloride

(RESERPINE AND HYDRALAZINE HYDROCHLORIDE CIBA)



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- The more marked antihypertensive effect of Apresoline and its capacity to increase renal plasma flow.

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C I B A  
SUMMIT, N. J.

# Memo

## FROM THE PUBLISHER

### What You Remember

More than a hundred full-length articles have appeared in **MEDICAL ECONOMICS** during the past six months. Which ones do you remember most clearly?

Some of the most popular articles at the time of publication are those we print mainly for fun. "How to Lie With Medical Statistics" was one example; "A Visit With B.J. Palmer" was another.

Yet we can never forget that *helpfulness* is the magazine's chief reason for being. We can't forget it because you won't let us forget it.

Some time ago, for example, we commissioned a nationally known opinion research firm to find out (among other things) what types of articles you like best. Just recently it reported to us: "**MEDICAL ECONOMICS** clearly has its greatest strength as an economic source book for doctors." True, you enjoy reading the profiles and feature articles; but you look forward to the business articles above all other types.

Not only look forward to them, but look back on them, too. Doctors across the country were asked: "Do you happen to recall any specific article you read recently in **MEDICAL**

**ECONOMICS**?" By way of reply, one or another of them named nearly every piece we've published in the last half-year. But six subjects proved more memorable than all the rest put together. And all six concerned the business of running a medical practice. They ranked this way:

1. Group and partnership practice. "We used your articles as the basis for forming our partnership," said a typical doctor interviewed.

2. Income taxes. Doctors must know "how to take all deductions and keep within the law," as one respondent explained it.

3. Insurance. Articles cited in this category ranged from fire insurance to the President's health reinsurance proposal.

4. Office planning. Whether a doctor is ready to build or not, he's apparently a confirmed scanner of other men's layouts.

5. Investments. "It's easier to earn money these days—but it's harder than ever to keep it"; that's the way one doctor expressed the appeal of our investment articles.

6. Office procedure. Management is becoming a science among doctors as well as among businessmen, to judge by their mounting interest in this subject.

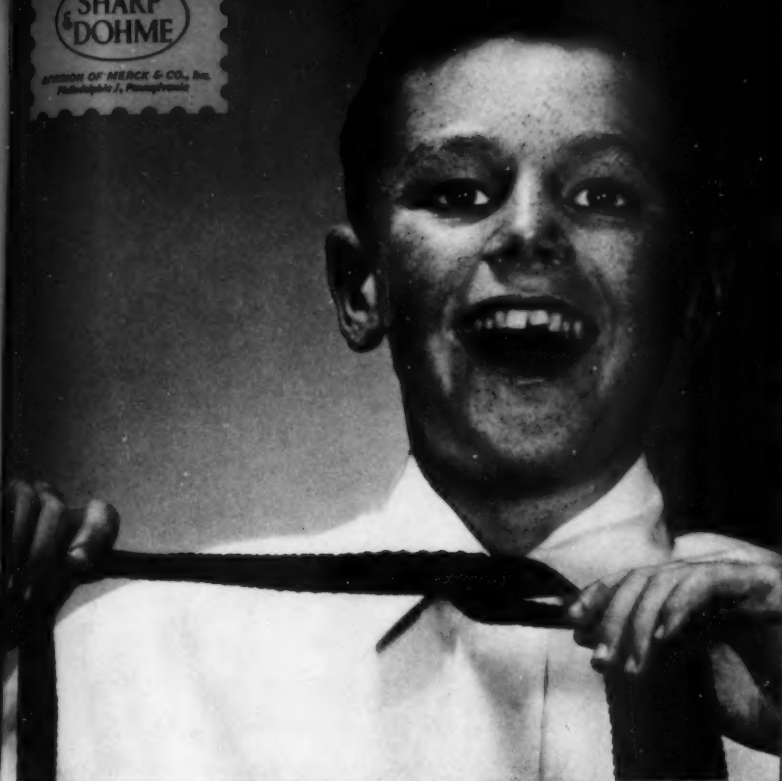
We don't know what recent article *you* found most memorable. But we'd guess on good authority that it was the article that helped you most—helped you save time, money, and effort in running your practice.

—LANSING CHAPMAN



SHARP  
& DOHME

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PHOTOGRAPH BY RUZZIE GR

## "My throat sure feels better" **TRACINETS®**

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- No. 4: "The Hygiene of Pregnancy."
- No. 5: "Home Care of the Bedfast Patient."
- No. 6: "Sick Room Precautions to Prevent the Spread of Communicable Disease."